

Agent Information **Group Information**

Name _____
 Agency/RGO _____
 City _____ State _____ Zip Code _____
 Email _____
 Phone _____ Fax _____

Name _____
 City _____ State _____ Zip Code _____
 SIC Code _____ Nature of Business _____
 Total # of EE's _____ # of Eligible Employees _____
 Effective Date _____ Quote Deadline _____

Dental Information**

Does the group currently have dental coverage? Yes No If yes, current carrier: _____

Current Plan Type: Indemnity PPO DHMO **Deductible:** \$25 \$50 \$75 \$100 Lifetime Other

Co-Insurance:	Current Participation Level:	Annual Maximum:	Ortho included:	Ortho Maximum:	UCR Basis:
<input type="checkbox"/> Standard (100/80/50/50)	<input type="checkbox"/> 80%-100%	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500	<input type="checkbox"/> Yes	<input type="checkbox"/> \$1,000	<input type="checkbox"/> 90 th
<input type="checkbox"/> Immediate/Tiered	<input type="checkbox"/> 50%- 79%	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000	<input type="checkbox"/> No	<input type="checkbox"/> \$1,500	<input type="checkbox"/> 80 th
Yr 1 80/50/25/25	<input type="checkbox"/> 20%- 49%	<input type="checkbox"/> \$1,200		<input type="checkbox"/> Other _____	
Yr 2 100/80/35/35					
Yr 3 100/80/50/50					
<input type="checkbox"/> Active PPO	Endo: <input type="checkbox"/> Basic <input type="checkbox"/> Major		Waiting periods:		
In network (100/90/60/50)	Perio: <input type="checkbox"/> Basic <input type="checkbox"/> Major		Basic <input type="checkbox"/> None <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos.		
Out of network (100/80/50/50)	Oral Surgery: <input type="checkbox"/> Basic <input type="checkbox"/> Major		Major <input type="checkbox"/> None <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos.		
(not available in LA, GA, TX, MS, NC)	Repairs*: <input type="checkbox"/> Basic <input type="checkbox"/> Major		Ortho <input type="checkbox"/> None <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos.		
<input type="checkbox"/> Other _____	<small>*(Bridges, Crowns & Dentures)</small>				

Current Rates: EE \$ _____ ES or E+1 \$ _____ EC \$ _____ EF \$ _____
Renewal Rates: EE \$ _____ ES or E+1 \$ _____ EC \$ _____ EF \$ _____

****All quotes should include a census listing the date of birth, gender, and zip code of all eligible employees. Please include claims and premium history on groups over 100 lives. Email quotes to quotes@alwayscarebenefits.com or fax to 888-729-7827 (in Baton Rouge, 926-6292).**

Vision Information

Does the group currently have vision coverage? Yes No If yes, current carrier: _____

Current Participation Level: 80%-100% 50%-79% 20%-49%
Plan Type: Wal-Mart Elite \$10/\$25 Materials Only
Current Rates: EE \$ _____ ES or E+1 \$ _____ EC \$ _____ EF \$ _____
Renewal Rates: EE \$ _____ ES or E+1 \$ _____ EC \$ _____ EF \$ _____