SMALL GROUP PROPOSAL REQUEST

One of the advantages of working with Integral Benefits Group — we can manage the entire quoting process for you. It's easy to get started.

Integral Benefits Group
Health Life Medicare Supplements

1 BROKER:

Name: Christopher Farmer
Agency: Integral Benefits Group
Address: _____
City: _____
State: _____ ZIP Code: _____
License #: 18663011

Phone: 443-915-8126
Email: cfarmer@integralbenefits.com

2 GROUP:

Company/Group Name: _____
Address: _____
City: _____
State: _____ ZIP Code: _____
First Time Buying Group: ☐ Y ☐ N
SIC: _____ or Nature of Business:

Renewal Date: _____ Effective Date: _____
Current Medical Carrier: _____
Current Premium: $ _____
Current Dental Carrier: _____
Current Dental Premium: $ _____
Life Amount: $ _____

3 COVERAGE TO OFFER?

☐ Medical: ☐ HMO ☐ PPO ☐ EPO
☐ Dental ☐ POS ☐
☐ Vision
☐ Life

Employer Contribution: EE _____% DEP _____%

☐ Short-Term Disability
☐ Long-Term Disability
☐ Accident
☐ Accidental Death and Dismemberment
☐ Critical Illness

4 SPECIAL INSTRUCTIONS

5 SUBMIT COMPLETED FORM & CENSUS

GROUP CENSUS 1-39

Account Executive: _____ Broker: Chris Farmer

Company/Group Name: _____ Email: cfarmer@integralbenefits.com

Required Medical Status Code (choose 1)		
for Employees (EE)		for Dependents
EE=Employee Only **ES**=Employee/Spouse	**EF**=Employee/Family **EC**=Employee/1 Child, **EMC**=Employee/Children	**SP**=Spouse, **DP**=Dependent

Dental Status Code Vision Status Code (choose 1) (choose 1) **EE, ES, EF EE, ES, EF EC, EMC EC, EMC**

***only when quoting LTD, STD and higher amount of Life

	First Name, Last Name	DOB mm/dd/yyyy	Age	Medical Status	Dental Status	Vision Status	ZIP Code for EE	M/F	COBRA Y/N	Salary***
1	Example - Chris Farmer	01/01/2000	24	EE	EE	EE	20001	M	N	25000
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GROUP CENSUS 40-79

Account Executive: _____ Broker: _____

Company/Group Name: _____ Email: _____

Required Medical Status Code (choose 1)		
for Employees (EE)		for Dependents
EE=Employee Only **ES**=Employee/Spouse	**EF**=Employee/Family **EC**=Employee/1 Child, **EMC**=Employee/Children	**SP**=Spouse, **DP**=Dependent

Dental Status Code Vision Status Code (choose 1) (choose 1) **EE, ES, EF EE, ES, EF EC, EMC EC, EMC**

***only when quoting LTD, STD and higher amount of Life

	First Name, Last Name	DOB mm/dd/yyyy	Age	Medical Status	Dental Status	Vision Status	ZIP Code for EE	M/F	COBRA Y/N	Salary***
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GROUP CENSUS 80-119

Account Executive: _____ Broker: _____

Company/Group Name: _____ Email: _____

Required Medical Status Code (choose 1)		
for Employees (EE)		for Dependents
EE=Employee Only **ES**=Employee/Spouse	**EF**=Employee/Family **EC**=Employee/1 Child, **EMC**=Employee/Children	**SP**=Spouse, **DP**=Dependent

Dental Status Code Vision Status Code (choose 1) (choose 1) **EE, ES, EF EE, ES, EF EC, EMC EC, EMC**

***only when quoting LTD, STD and higher amount of Life

	First Name, Last Name	DOB mm/dd/yyyy	Age	Medical Status	Dental Status	Vision Status	ZIP Code for EE	M/F	COBRA Y/N	Salary***
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