

## **Small Group Quote Request Form**

Send Completed RFP to: cborde@baapa.us

Name				Email								
Agency				Phone								
Effective Date												
Group Name												
Street Address												
City, State, & Zip												
SIC Code												
Date of Incorporation	on or Business											
<b>Business Classificat</b>	ion (S, C, LLC etc	.)										
Tax Year End												
State Business Incorporated in												
Current Lines of Coverage												
Virgin Group 🔲	Medical	Dental [	☐ Vision ☐	Life □	Disability $\square$	Pension						
Current Carrier		77										
Does the owner have ownership in any other businesses that are considered commonly owned (controlled groups) as described by IRS Section 414? YES $\square$ NO $\square$												
Group size is determined by the Average Total Number of Employees (ATNE) of all controlled groups/commonly owned companies. If payroll for ALL companies totals 51 or more, then group needs to be quoted as large group.  If payroll calculation below totals 51 or more, please contact our office.												
Enter total number of EEs for all commonly owned businesses in prior calendar year (even if not insured together):  # of FT Employees  # of PT/Seasonal Employees  TOTAL on Payroll												
REQUESTED PRO	DUCTS											
Medical $\square$	Dental	Vision [	Life [	Disability □	Pension $\square$							
REQUESTED CAR	RIERS											
Aetna AFA 🛚	FL Blue	Humana [	☐ United ☐	Nat'l General □	ANICO							
All Savers □	ГНСР □	Principal [	☐ Guardian ☐	MetLife □								
SPECIAL NOTES FOR QUOTING												

Complete CENSUS with genders and DOBs for ALL enrolled members, including dependents. (See Census Tab)

If any former employees/dependents are currently on COBRA/State Continuation then please include on census.



## PLEASE INCLUDE DETAILED INFORMATION ON ALL ELIGIBLE EMPLOYEES, SPOUSES, AND CHILDREN WHO WISH TO ENROLL

REQUIRED FOR MEDICAL QUOTE							OPTIONAL		Disability, Pension	
Relationship Employee, Spouse/DP, or Child	First Name	Last Name	Gender	DOB	Home Zip Code	Medical Coverage Type EE, ES, EC, FAM, Waive	Dental Coverage Type EE, ES, EC, FAM, Waive	Vision Coverage Type EE, ES, EC, FAM, Waive	Annual Salary	Occupation
Example:										
Employee	John	Doe	M	2/15/73	32789	FAM	EC	ES	\$100 000	President
Spouse	Jane	Doe	F	8/28/75						
Child	Johnny	Doe	M	12/25/11						