

## New Group Quoting Checklist

Broker Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Broker Phone: \_\_\_\_\_

Broker Email: \_\_\_\_\_

GA Name: \_\_\_\_\_

GA Contact: \_\_\_\_\_

GA Phone: \_\_\_\_\_

GA Email: \_\_\_\_\_

<b>Thank you for your interest in the Defend Plans. Please email as attachments this form and the group census to <a href="mailto:Sales@InsurgencyBenefits.com">Sales@InsurgencyBenefits.com</a>.</b>	
<input type="checkbox"/>	<b>General Information:</b>
	<p><b>Company Name:</b> _____</p> <p><b>Address:</b> _____                  _____                  _____</p> <p><b>Industry:</b> _____ <b>SIC:</b> _____</p> <p><b>Desired Effective Date:</b> _____</p> <p style="font-size: small;">Employer zip code will be applied to employees if no specific zip code is provided for employees.</p>
<input type="checkbox"/>	<b>Employee Census:</b> Using an Excel spreadsheet expedites your quote, but is not mandatory.
	<p><b>For each employee provide:</b></p> <ul style="list-style-type: none"> <li><b>Birthdate</b></li> <li><b>Gender</b></li> <li><b>Dependent Tier</b> (Employee Only, Employee+Spouse, Employee+Children, Employee+Family)</li> <li><b>City, State and Zip Code</b> (If different from company location)</li> </ul>
<b>Claims History</b> Optional for currently self-funded groups and those with access to claims experience	
<input type="checkbox"/>	<p><b>Monthly Paid Claims and Corresponding Enrollment</b></p> <p>For past 24 months.</p>
<input type="checkbox"/>	<p><b>Shock Loss Information</b></p> <p>For claims paid at or above 50% of the specific deductible or, if unavailable, all claims over \$25,000.</p>
<input type="checkbox"/>	<p><b>Current Schedule of Benefits with List of Plan Changes</b></p> <p>For past 24 months.</p>

**Next Steps:**

Please submit the above material to [Sales@InsurgencyBenefits.com](mailto:Sales@InsurgencyBenefits.com). You will be contacted if additional information is required. You should expect your quote in about four business days.