

CENSUS / QUOTE REQUEST FORM (please print legibly)

Agency Name:	Contact:
Street Address:	Telephone:
City:	Fax:
State: Zip:	Current Carrier:
Email:	Number of Employees:

Life With AD&D (Guarantee Issue up to \$25,000 for groups of 2 - 4 & \$100,000 for groups with 5 or more and 100% participation)

Plan A -- Employer select basic amount for employees in \$5,000 increments up to \$100,000; \$_____

Plan B -- 1x Earnings (up to \$100,000)

Plan C -- 2x Earnings (up to \$200,000)

*Guarantee issue available to employees under the age of 70

Long-Term Disability (Guarantee Issue may be available for groups with 2 or more and a minimum of 75% participation)

Plan I (60% Monthly Earnings up to \$10,000 max. monthly benefit)

Plan II (66 2/3% Monthly Earnings up to \$10,000 max. monthly benefit)

Elimination period: 60 days 90 days 180 days

Benefit period: 2 years 5 years to age 65

Will employer pay for coverage?	Yes	No	Percentage_____

Short-Term Disability (Guarantee Issue may be available for groups of 2 or more and a minimum of 75% participation)

Plan I (13 week benefit, 0 day Acc / 7 day Sick Elimination Period, 70% of weekly earnings up to \$1000 per week)

Plan II (26 week benefit, 0 day Acc / 7 day Sick Elimination Period, 70% of weekly earnings up to \$1000 per week)

Plan III (22 week benefit, 30 day Acc / 30 day Sick Elimination Period, 70% of weekly earnings up to \$1000 per week)

Plan IV (104 week benefit, 30 day Acc / 30 day Sick Elimination Period, 70% of weekly earnings up to \$1000 per week)

Dental - Guardian DentalGuard Preferred National Network (not available to groups of 1)

Vision - VSP Vision National Network (not available to groups of 1)

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To receive a quote, complete this form and return:

VIA FAX: (703) 783-8292

Contact: Christine M Munoz

Manager, Employee Benefits

800-848-4401

christine.munoz@iiaba.net