



Agent Name: James Doyle
 171 West Wing Street Suite 210
 Arlington Heights, IL 60005
 Phone: (847) 870-4705
 Fax: (847) 394-1770
 Email: jim@altrisk.com

GENERAL INFORMATION

COMPANY NAME				
ADDRESS				
CONTACT NAME				
PHONE AND FAX #				
EMAIL ADDRESS				
NATURE OF BUSINESS				
NUMBER OF EMPLOYEES	Full Time:	Part Time:	Cobra:	1099:
NUMBER OF LOCATIONS				
ANY CURRENT COVERAGE?	YES	NO	(If yes, please complete carrier information sheet)	
RENEWAL DATE				
EMPLOYER CONTRIBUTION		Employee: _____		
		Dependents: _____		

PLEASE INDICATE WHICH COVERAGES YOU ARE INTERESTED IN:

MEDICAL

PPO HMO HSA

Deductible

- \$500
- \$1,000
- \$1,500
- \$2,000 +

Coinsurance

- 100 / 70
- 90 / 70
- 80 / 60
- 70 / 50

Office Visit Co-Pay

- \$15
- \$20
- \$30
- No Copay*

Prescription Drug Card

- Copay
- No Copay*

Maternity Benefits: Yes No

DENTAL

Voluntary

Employer Sponsored

Orthodontia Covered Yes No

LIFE AND AD&D

Flat Amount \$ _____

X Salary Denomination: 1x 2x 3x (Please circle)

Voluntary Life and AD&D

OTHER

Vision

Long Term Disability

Short Term Disability

*Deductible and Coinsurance Only

Please complete regarding current coverage or attach a copy of your rates and schedule of benefits. Thank you!!

CURRENT CARRIER INFORMATION

CARRIER NAME

YEARS WITH CARRIER

(IF LESS THAN 5, PREVIOUS CARRIER NAME)

CURRENT MEDICAL SCHEDULE OF BENEFITS		OTHER COVERAGE	CARRIER
Plan Type (circle one)	PPO HMO HSA	Dental	
Deductible		Vision	
Coinsurance		Short Term Disability	
Office Visit		Long Term Disability	
Max Out of Pocket		Life	
Drug Card Copay		Accident/Sickness	
Lifetime Max		Supplemental	

CURRENT RATES FOR MEDICAL		CURRENT RATES FOR DENTAL	
Single		Single	
Employee and Child		Employee and Child	
Employee and Spouse		Employee and Spouse	
Family		Family	

<u>RENEWAL RATES FOR MEDICAL</u>		<u>RENEWAL RATES FOR DENTAL</u>	
Single		Single	
Employee and Child		Employee and Child	
Employee and Spouse		Employee and Spouse	
Family		Family	

PLEASE NOTE:

YOUR QUOTE IS BASED ONLY ON YOUR GROUP CENSUS. THE INFORMATION PROVIDED WILL BE USED TO COMPARE YOUR CURRENT COVERAGE WITH OUR PROPOSED PLANS.