

Agency Information

Agent Name: _____

Agency Name: _____

Email Address: _____

Phone Number: _____

Group Information

Name: _____

Full Address: _____

Effective Date: _____

Is the group a takeover or startup company? _____

Disability (Short Term/Long Term)	Life Insurance
<input type="checkbox"/> Employer contribution amount _____ <input type="checkbox"/> Benefit summary to quote <input type="checkbox"/> Census including: <input type="checkbox"/> Gender <input type="checkbox"/> Date of birth <input type="checkbox"/> Job title <input type="checkbox"/> Salary <input type="checkbox"/> Job class, if applicable <input type="checkbox"/> Elections/Waivers	<input type="checkbox"/> Employer contribution amount _____ <input type="checkbox"/> Benefit summary to quote <input type="checkbox"/> Census including: <input type="checkbox"/> Gender <input type="checkbox"/> Date of birth <input type="checkbox"/> Salary <input type="checkbox"/> Job class, if applicable <input type="checkbox"/> Elections/Waivers (Contributory) <input type="checkbox"/> Employee/spouse elections and life volumes if quoting voluntary life
Dental Insurance	Vision Insurance
<input type="checkbox"/> Employer contribution amount _____ <input type="checkbox"/> Benefit summary to quote <input type="checkbox"/> Census including: <input type="checkbox"/> Gender <input type="checkbox"/> Date of birth <input type="checkbox"/> Job class, if applicable <input type="checkbox"/> Family Status - Elections/Waivers	<input type="checkbox"/> Employer contribution amount _____ <input type="checkbox"/> Benefit summary to quote <input type="checkbox"/> Census including: <input type="checkbox"/> Gender <input type="checkbox"/> Date of birth <input type="checkbox"/> Job class, if applicable <input type="checkbox"/> Family Status - Elections/Waivers

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