

Request for rates

51-99 eligible employees



This form and the attached census template are **required** for a quote request to be completed. Please send your request to our new business account team for processing.

SECTION 1: AGENT INFORMATION

Agent name	Agency
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SECTION 2: GROUP INFORMATION

A. Legal name

Physical address

City	ZIP
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B. NAICS#

SECTION 3: EFFECTIVE DATE

Desired effective date: / /	Due date: / /
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SECTION 4: ELIGIBILITY

Has the group averaged 51 or more employees on payroll the prior calendar year? No Yes

Is the group headquartered outside of the state of Alaska? No Yes, please contact your Premera Sales Representative

Total # of employees on payroll (full and part time):

Total # of employees eligible to enroll:

Will plan cover spouses/domestic partners and dependents? No Yes

SECTION 5: PRIOR COVERAGE (PAST 2 YEARS)

Prior medical coverage: None 12 months 24 months Carrier:

Prior dental coverage: None 12 months 24 months Carrier:

Prior life/disability coverage: None 12 months 24 months Carrier:

Current carrier renewal date:	Current carrier renewal adjustment:
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Single or multi-choice plan?	Current # of employees enrolled:	Employer contribution for employees: Medical: _____% Dental: _____%
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Note: Please attach a copy of current plan and rate information when submitting.

SECTION 6: CENSUS

Complete all columns of the attached census spreadsheet for all employees, spouses/domestic partners, and dependents planning to enroll. **Census MUST be submitted in the exact format shown here. Incorrect formatting may delay the quote.**