

# Request for rates 1-50 eligible employees



Fill out this form and the attached census template for a quote request to be completed.  
Please send your request to **AKPBCSmallGrpSS@premera.com** for processing.

## SECTION 1: AGENT INFORMATION

|            |        |
|------------|--------|
| Agent name | Agency |
|------------|--------|

## SECTION 2: GROUP INFORMATION

A. Legal name

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Physical address

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|      |     |
|------|-----|
| City | ZIP |
|------|-----|

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B. NAICS#

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## SECTION 3: EFFECTIVE DATE

Desired effective date:                    /                    /

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## SECTION 4: ELIGIBILITY

Has the group averaged 1-50 employees on payroll for the prior calendar year?     No     Yes

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

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

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Total # of employees eligible to enroll:

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

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## SECTION 5: PRIOR COVERAGE (PAST 2 YEARS)

Prior medical coverage:     None     12 months     24 months    Carrier:

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Prior dental coverage:     None     12 months     24 months    Carrier:

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## 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.**

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