

REQUEST FOR QUOTE - Health & Life

Return to Tina@yorkbuilders.com

Group Name		SIC
Group Contact Person		EIN
Group Email Address		Group Phone Number
Group Address Street, City, Stat	e, ZIP	
County	Date Business Started	_
Current medical carrier, plan, a	nd effective date	
Current dental carrier, plan, an	d effective date	
Current vision carrier, plan, and	d effective date	
Current life/ STD/ LTD carrier, p	olan, and effective date	
Provide the total number of	of employees for each of the	e categories.
Employees on Payroll	Eligible Employees	Participating Employees
Waiving Employees	Out of Area Employees	

Please use the next page to complete all information for each employee.



Please use this page to complete all information for each employee. Examples are below. Please fill out one group of six boxes for each employee and their dependent(s).

Example	First Name	Last Name	Date of Birth
	John	Smith	1/1/1980
	Enrolled Status	Dependent Status	Home State and Zip Code
Ф	Family	Subscriber	PA, 17404
	First Name	Last Name	Date of Birth
Exa	Jane	Smith	1/1/1980
Example	Enrolled Status	Dependent Status	Home State and Zip Code
Œ		Spouse	PA, 17404
	First Name	Last Name	Date of Birth
Exa	Joe	Smith	1/1/2000
Example	Enrolled Status	Dependent Status	Home State and Zip Code
Ф		Child	PA, 17404
	First Name	Last Name	Date of Birth
	Enrolled Status	Dependent Status	Home State and Zip Code
	First Name	Last Name	Date of Birth
	Enrolled Status	Dependent Status	Home State and Zip Code
	First Name	Last Name	Date of Birth
	Enrolled Status	Dependent Status	Home State and Zip Code
	First Name	Last Name	Date of Birth
	Enrolled Status	Dependent Status	Home State and Zip Code



Please use as many copies of this page as needed to list all employees. If submitting digitally, email Tina@yorkbuilders.com for additional pages.

First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Tilservaine	Last Name	
Enrolled Status		Home State and Zip Code
I i i o ii cu o cu cu		Trome State and Exp code
E . N		D
First Name	Last Name	Date of Birth
Enrolled Status	 Dependent Status	Home State and Zip Code
Lili olieu status	Dependent status	Tiome state and 21p code
First Name	Last Name	Date of Birth
5 11 15: 1		
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code



First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code



First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code
First Name	Last Name	Date of Birth
Enrolled Status	Dependent Status	Home State and Zip Code