



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, State, ZIP*

County

Date Business Started

Current medical carrier, plan, and effective date

Current dental carrier, plan, and effective date

Current vision carrier, plan, and effective date

Current life/ STD/ LTD carrier, plan, and effective date

Provide the total number of employees for each of the 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 |
| | <input type="text" value="John"/> | <input type="text" value="Smith"/> | <input type="text" value="1/1/1980"/> |
| | Enrolled Status | Dependent Status | Home State and Zip Code |
| | <input type="text" value="Family"/> | <input type="text" value="Subscriber"/> | <input type="text" value="PA, 17404"/> |
| Example | First Name | Last Name | Date of Birth |
| | <input type="text" value="Jane"/> | <input type="text" value="Smith"/> | <input type="text" value="1/1/1980"/> |
| | Enrolled Status | Dependent Status | Home State and Zip Code |
| | <input type="text"/> | <input type="text" value="Spouse"/> | <input type="text" value="PA, 17404"/> |
| Example | First Name | Last Name | Date of Birth |
| | <input type="text" value="Joe"/> | <input type="text" value="Smith"/> | <input type="text" value="1/1/2000"/> |
| | Enrolled Status | Dependent Status | Home State and Zip Code |
| | <input type="text"/> | <input type="text" value="Child"/> | <input type="text" value="PA, 17404"/> |
| | First Name | Last Name | Date of Birth |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Enrolled Status | Dependent Status | Home State and Zip Code |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | First Name | Last Name | Date of Birth |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Enrolled Status | Dependent Status | Home State and Zip Code |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | First Name | Last Name | Date of Birth |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Enrolled Status | Dependent Status | Home State and Zip Code |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | First Name | Last Name | Date of Birth |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Enrolled Status | Dependent Status | Home State and Zip Code |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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

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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

REQUEST FOR QUOTE *Employee Information*



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

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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

REQUEST FOR QUOTE *Employee Information*



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

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