

BIAW Health Insurance Program Quote Request

If you would like to receive information on health insurance plans, complete both pages and fax to:

Jodi Hensley
Capital Benefit Services, Inc.
15375 SE 30th Place, Suite 380, Bellevue, WA 98007

FAX: **(425) 643-6728**
 PHONE: **(800) 545-7011 ext. 1250**
 EMAIL: jhensley@epkbenefits.com

In order to obtain a quote, our carriers require all sections of this form to be completed.

Group Information

Company Name:	Phone:
Contact Person:	Fax:
Address:	Email:
City, State, Zip:	Date Business Started:
Nature of Business:	SIC Code:
Are you a member of your Local Building Association ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide: Which Association ?	Membership ID#: Member Since:
I authorize the BIAW Trust Consultants (Capital Benefit Services, Inc.) to provide our company with a proposal for the BIAW Trust.	
Authorized Representative:	Date:

Current Health Insurance

Group Medical
 Group Dental
 Individual Policies
 None

CURRENT INSURER _____ TRUST / PROGRAM _____ RENEWAL DATE _____

How long have you been with your current insurer? _____

*Please attach a summary of benefits of your current medical (and dental if applicable) plan **or** provide the following:*

Benefit Level (80/20): _____ Copay: _____ Deductible: _____ Rx Benefit: _____

	CURRENT RATES		RENEWAL RATES	
	Medical / Rx Drugs	Dental	Medical / Rx Drugs	Dental
<i>Employee</i>				
<i>Spouse</i>				
<i>Single Child</i>				
<i>Children</i>				

What percentage do you pay toward the cost for Employees? _____% Dependents? _____%
(The company must pay a minimum of 75% for employees, there is no requirement for dependent(s) contribution).

Employee Census

Please include all Eligible Employees; Eligible Employees include all full-time, active employees and owners who have satisfied your company's probationary period for insurance coverage. Please include additional census if your company has 21 or more employees.

SEX M/F	DATE of BIRTH	Spouse	DEPENDENTS		SEX M/F	DATE of BIRTH	SP	DEPENDENTS	
			1CH	2 + CH				1CH	2 + CH

