DALENA / BENIK & ASSOCIATES
License #0253862 - 6470 N. West, Suite 108, Fresno, CA 93711 • 559-448-9580, FAX 559-448-9579

GROUP MEDICAL QUOTE REQUEST

Name of Employer:
Address:

City St Zip

Phone ( )	Fax ( )	E-Mail -
Contact Person:		Title:
Nature of Business:		
Counties in which employees are located:		
Contribution by Employer to premium is:	% of EE Cost:	% of Dependent Cost:
Type of Employer ☐ S Corp ☐ C Corp ☐ Sole Prop ☐ Partnership ☐ L.L.P		

Requested Effective Date	# of Full Time Employees	# of Employees Covered on Current Plan	Years in Business

Current Insurance Carrier:	# of years with current carrier:
Anniversary Date with Current Carrier:	Approximate Current Monthly Premium:
For Small Group Employers - Current R.A.F.	

Current/Requested Benefit Information: Check One PPO ☐ HMO ☐ HSA ☐ HRA ☐

Dual Choice YES ☐ NO ☐

If currently insured, please indicate current benefits - if no current coverage, please indicate preferences:

Deductible:	Office Visit Copay:	RX Generic Copay: RX Brand Name Copay: Brand RX Deductible:
PPO Coinsurance %:	Non PPO %:	Hospital Copay:

Comments/Reason for Proposal Request: