GRABER & ASSOCIATES

GROUP ANCILLARY QUOTE REQUEST

WHO TO CONTACT

Jose Addink | jaddink@graberassoc.com
groupforms@graberassocinc.com

GENERAL REQUIREMENTS:

Employees listed on census, must be W2 or K1 of the business

Minimum of 2 eligible employees (30+ hours/week)

Business operating for minimum of 1 year

Less than 50% of eligible employees related

DATE QUOTE IS NEEDED BY

Date

COVERAGE EFFECTIVE DATE

Date

INFORMATION NEEDED TO QUOTE GROUP ANCILLARY:

PRODUCTS OF INTEREST

☐ Life

Amount

☐ Voluntary Term Life
☐ Short-Term Disability
☐ Long-Term Disability

☐ Cancer
☐ Critical Illness
☐ Hospital Indemnity

☐ Dental
☐ Vision
☐ Other _____

BUSINESS NAME & ADDRESS

Business Name _____

Address _____

CONTRIBUTION

☐ Employer Paid

% Employer Paid

☐ Voluntary

% Employee Paid

☐ Co-Funded

% Employer Paid

% Employee Paid

PLAN

☐ Takeover
Existing Carrier In-Force

☐ Start-Up Coverage
New Coverages

If takeover, please provide the following:
Current carrier(s) name (if available): _____

Current plan design(s) and rates per product line (if available):

OTHER REMARKS

Graber & Associates

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ELIGIBLE EMPLOYEE CENSUS

*Job Title and Annual Salary/Hourly Rate of Each Employee If Quoting Disability (STD or LTD)

Census can also be submitted electronically via an Excel file

NAME	GENDER	DOB	JOB TITLE*	ANNUAL SALARY/ HOURLY RATE*