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 INTERES	Б Т				
□ Life Amount	□ Voluntary Term Life □ Short-Term Disability □ Long-Term Disability		□ Cancer□ Critical Illness□ Hospital Indemnity	□ Dental □ Other	
BUSINESS NAME & ADI	DRESS				
Business Name					
CONTRIBUTION		PLAN			
% Employer Paid E	oluntary % Employee Paid	If takeover, pl		-Up Coverage overages	
□ Co-Funded % Employer Paid Employer Paid	% Employee Paid	Current plan design(s) and rates per product line (if available):			
OTHER REMARKS					

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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*

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