

CENSUS / QUOTE REQUEST FORM (please print legibly)

Agency Name:		Contact:	
Street Address:		Telephone:	
City:		Fax:	
State:	Zip:	Current Carrier:	
Email:		Number of Employees:	

Life With AD&D (Guaranteed Issue up to \$50,000 for groups of 2 - 4 & \$100,000 for groups with 5 or more and 100% participation)

- Plan A -- Employer select basic amount for employees in \$5,000 increments up to \$100,000; \$ _____
- Plan B -- 1x Earnings (up to \$100,000)
- Plan C -- 2x Earnings (up to \$200,000)

Long-Term Disability (Guaranteed Issue may be available for groups with 2 or more and a minimum of 75% participation)

Plan I (60% Monthly Earnings up to \$10,000 max. monthly benefit)

Plan II (66 2/3% Monthly Earnings up to \$10,000 max. monthly benefit)

Elimination period: 60 days 90 days 180 days

Benefit period: 2 years 5 years to age 65

Will employer pay for coverage? Yes No Percentage _____

Short-Term Disability (Guaranteed Issue may be available for groups of 2 or more and a minimum of 75% participation)

Plan I (13 week benefit, 0 day Acc / 7 day Sick Elimination Period, 70% of weekly earnings up to \$650 per week)

Plan II (26 week benefit, 0 day Acc / 7 day Sick Elimination Period, 70% of weekly earnings up to \$650 per week)

Plan III (22 week benefit, 30 day Acc / 30 day Sick Elimination Period, 70% of weekly earnings up to \$650 per week)

Plan IV (104 week benefit, 30 day Acc / 30 day Sick Elimination Period, 70% of weekly earnings up to \$650 per week)

Dental - Guardian DentalGuard Preferred National Network (not available to groups of 1)

Vision - VSP Vision National Network

Employee Name	DOB	Gross Annual Salary	Additional Life for Employee	Smoker (yes or no)

To receive a quote, complete this form and return:

VIA FAX: (703) 783-8292

VIA MAIL: IIABA Employee Benefits
127 S. Peyton Street
Alexandria, VA 22314

Contact: Christine M Munoz
Manager, Employee Benefits
800-848-4401
christine.munoz@iiaba.net