

Quote Request Instructions

To obtain a quote, please provide the following information: group name, address, industry/SIC, proposed effective date and the information in the following chart:

	Life	STD	LTD
Census (age/gender)	X	X	X
Salary		X	X
Occupation			X
Class (if applicable)	X	X	X

The prior carrier's policy or certificate is preferred, but if not, include the information listed below under the applicable product requested:

Group Life/Accidental Death & Dismemberment (AD&D)/Dependent Life

- Benefit amount
- Employer contribution amount
- Current and renewal rates
- Detailed summary of benefits if group does not meet in-force rating guidelines

Short Term Disability (STD)

- Maximum weekly benefit
- Elimination period
- Benefit duration
- Employer contribution amount
- Current and renewal rates
- Detailed summary of benefits if group does not meet in-force rating guidelines
- Groups with 200+ lives require 3 years claims experience

Long Term Disability (LTD)

- Maximum monthly benefit
- Elimination period
- Benefit duration
- Employer contribution amount
- Current and renewal rates
- Earnings test
- Own occupation duration
- Salary gross-up
- Number of years in business
- Employer FICA match
- Groups with 200+ lives require 3 years claims experience, including open claims

Voluntary Life, Voluntary STD, Voluntary LTD

- If no prior coverage provide; group name, census, industry/SIC and effective date. Additionally, for Voluntary LTD include number of years in business
- With prior coverage provide; census including in-force election amounts, in-force plan summary rate table and recent billing. Additionally, for Voluntary STD include claims experience

An authorized agency of: