

REQUEST FOR QUOTE

SET Health and Welfare Benefits Program

The following information is needed to provide a quote:

GROUP INFORMATION

- Name of Employer Group
- Location (City/State/Zip)
- Nature of Business or SIC Code
- Complete census including DOB or age, Gender, Coverage Status (EE, ES, EC, EF). If known, for EC and EF, please include number of children.

CURRENT CARRIER INFORMATION

- Current Benefits
- Current Rates
- Renewal Rates (if available)
- Benefits to be quoted including deductible and coinsurance

MEDICAL INFORMATION

- Details on any known medical conditions including diagnosis/prognosis
- If available, claims experience for current year and prior year. Note: if group is currently self funded, claims experience is required.
- If available, details on ongoing large claims (over \$5,000) including diagnosis/prognosis. Note: if group is currently self funded, large claim (shock loss) information is required.