of Tennessee

QUOTE REQUEST - CONFIDENTIAL

Company Name:	**Date:**
Street Address: (PO Box, Rural Route, Apartment Number, Lot Number, Street Number and Name, etc.) City State Zip Code	**Principal Bus. Location (county):** Phone: Fax:

To determine appropriate benefits and rating: How many employees did the company have in the previous year (calculated by averaging the total number of all employees employed on business days during the preceding calendar year)? Include all employees issued a W-2, and all other common law employees regardless of hours worked or enrollment in the health plan. For example, this would include full-time, part-time and seasonal employees – essentially any individual employed by the employer.

50 or less ☐ **51-100** ☐ **101 or more** ☐

1. Has this company filed for bankruptcy? ☐ Yes If "Yes", provide date: _____ ☐ No

2. Company Headquarter Location: ☐ TN ☐ GA - Catoosa Co. ☐ GA - Dade Co. ☐ GA - Walker Co.
Other: _____

3. Are there commonly owned businesses or subsidiaries included as part of this coverage: ☐ Yes ☐ No

4. Detailed Business Description: _____

Effective Date: _____ Employer Contribution for: Dental _____% Vision _____%

Current MEDICAL Carrier's Name: _____
Current DENTAL Carrier's Name: _____

Benefit Administration Period: ☐ Calendar Year ☐ Plan Year

Total Eligible: _____ Total Participating in Medical: _____ Total Participating in Dental: _____

Retirees Covered: ☐ ***Yes** ☐ No

Is a Health Savings Account (HSA) currently offered? ☐ *Yes ☐ No
*If yes, are you interested in integration? ☐ ***Yes** ☐ No ***(If yes, discuss with your Sales Executive)**

CENSUS REQUIRED: Please complete the appropriate attached census template.

NOTE: Please refer to the BlueCross Group Product Reference Guide for products and plan designs available. Contact your Sales Executive or Regional Sales Office with any questions.

Requested Plan Number or Description: EHB Plan(s)_____Non-EHB Plan(s)_____

Broker's Name:	**Current Broker:** ☐ **Yes** ☐ **No**
Broker Email:	**Broker Phone:**
Broker's Analyst/Support Name & Email:	

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SIC Code: _____ Rep #: _____

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