Company Information

Date:

General Information

Address: _____

_____

_____

Industry: _____

SIC Code:

Employer Contribution: Employees: ___ %   Dependents ___ %

Probationary Period: _____

Are employees classed?   Yes _____   No _____   If so, please outline: _____

_____

_____

_____

Complete all information below to the best of your knowledge <u>or you may forward a copy of your current/renewal plan summaries to us.</u>
Please forward via email to jennifer@nwbenefitsolutions.com, or fax to 425-284-6609 Attn: Jennifer

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Medical Information

Carrier: _____

Deductible: _____

Copay: _____

Coinsurance: _____

Vision included?* Yes _____   No _____

*If vision plan and rates are not included, please list below

Rates

	Current	Renewal
Employee		
Employee/Spouse		
Employee/Child(ren)		
Employee/Family		

Dental Information

Carrier: _____

Deductible: _____

Annual Max Payout: _____

Coinsurance:

Class A: _____

Class B: _____

Class C: _____

Orthodontia included? Yes _____   No _____

Rates

	Current	Renewal
Employee		
Employee/Spouse		
Employee/Child(ren)		
Employee/Family		

Life Insurance and AD&D

Carrier: _____

Life Coverage:

Employees: _____

Spouse/Dependents: _____

AD&D Coverage:

Employees: _____

Spouse/Dependents: _____

Rates (Per $1000 of coverage)

	Current	Renewal
Employee		
Child Rate		

Vision Plan Information

Only complete this section if your vision plan is not included in your medical plan benefit

Carrier: _____

Exam copay: _____

Hardware coverage: _____

_____

_____

Rates

	Current	Renewal
Employee		
Employee/Spouse		
Employee/Child(ren)		
Employee/Family		