

Information Required to Quote

- **Dental**
 - **Required**
 - **Census with employee Zip**
 - **Customer's legal name and group address**
 - **Plan design**
 - **Contributory/non-contributory information**
 - **Dependent Status**
 - **Preferred**
 - **Full plan booklet**
 - **Census with gender**
 - **Premium, claims and lives history (if over 100 eligible lives)**
 - **Current and renewal rates**
 - **Current bill (if over 100 eligible lives)**

- **Life**
 - **Required**
 - **Census with employee DOB, Gender (and salary if quoting multiples of salary)**
 - **Customer's legal name and Group address**
 - **Plan design**
 - **Preferred**
 - **Full plan booklet**
 - **Salaries (if quoting voluntary)**
 - **Current and renewal rates**
 - **Current bill (if over 100 lives)**

- **Disability**
 - **Required**
 - **Census with employee DOB, Gender, Zip, salary and occupation**
 - **Customer's legal name and Group address**
 - **Plan design**
 - **Contributory/non-contributory information**
 - **Preferred**
 - **Full plan booklet**
 - **Premium, claims and lives history (if over 100 lives)**
 - **Reserve information (if over 100 lives)**
 - **Open & Closed claims listing (if over 100 lives)**
 - **Current and renewal rates**
 - **Current bill (if over 100 lives)**