

CENSUS / QUOTE REQUEST FORM (please print legibly)

Agency Name:		Contact:	
Street Address:		Telephone:	
City:		Fax:	
State:	Zip:	Current Carrier:	
Email:		Number of Employees:	

- ☐ **Life With AD&D** (Guaranteed Issue up to \$100,000 may be available with at least 5 employees and 100% participation)
- ☐ Plan A -- Employer select basic amount for employees in \$10,000 increments up to \$100,000; \$_____
- ☐ Plan B -- 1x Earnings (up to \$100,000)
- ☐ Plan C -- 2x Earnings (up to \$200,000)
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- ☐ **Long-Term Disability** (Guaranteed Issue may be available with 5 or more employees and 75% participation)
- ☐ Plan I (60% Monthly Earnings up to \$10,000 max. monthly benefit)
- ☐ Plan II (66 2/3% Monthly Earnings up to \$10,000 max. monthly benefit)
- Elimination period: ☐ 60 days ☐ 90 days ☐ 180 days
- Will employer pay for coverage? ☐ Yes ☐ No Percentage _____
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- ☐ **Short-Term Disability** (Guaranteed Issue may be available with 5 or more employees and 100% participation)
- ☐ Plan I (13 week benefit, 70% of weekly earnings up to \$500 per week)
- ☐ Plan II (26 week benefit, 70% of weekly earnings up to \$500 per week)
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- ☐ **Dental** (not available to single-employer agencies)

Employee Name	DOB	Gross Annual Salary	Additional Life for Employee	Smoker (yes or no)

To receive a quote, complete this form and return:

VIA FAX: (703) 783-8292

VIA MAIL: IIABA Employee Benefits
127 S. Peyton Street
Alexandria, VA 22314

Contact: Christine M Munoz

Manager, Employee Benefits
800-848-4401
christine.munoz@iiaba.net