



Quote Request

I'd like to receive a free, no-obligation rate quote for medical and dental coverage for an effective date of _____.

Please send it to:
 Company Contact Person
 Broker

Via: Email
 Fax
 Mail

Please tell us about your company:

| | | | |
|--|---|---------------------|----------|
| Company Name | | Contact Person | |
| Type of Business | SIC Code (if known) | Number of Employees | |
| Street Address | City | State | ZIP Code |
| County Where Company is Located | Phone Number | Fax Number | |
| Email Address | Percent of Premium Company Pays Employee Medical _____% Dependent Medical _____% Employee Dental _____% Dependent Dental _____% | | |
| Do you have any employees that are not listed in other states? | Are you affiliated with another company? | | |
| Current Group Benefits (e.g., PPO, Vision, Rx) | If Asuris is a Current Carrier, Group Number | | |
| Broker's Name (if any) | Broker Number (if known) | | |
| Broker's Email Address | Broker's Phone Number | Broker's Fax Number | |

Please list employees who will be covered:

| | Employee Name | Date of Birth or Age* | Sex* | Home ZIP Code | Spouse to be Covered?* | Spouse's Date of Birth | Number of Children to be Covered* | Children's Dates of Birth or Ages |
|-----|---------------|-----------------------|------|---------------|------------------------|------------------------|-----------------------------------|-----------------------------------|
| Ex. | Maria Hart | 4/10/62 | F | 98116 | Y | 8/22/61 | 3 | 14, 11, 9 |
| 1 | | | | | | | | |
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| 10 | | | | | | | | |

* Required fields.

We can provide a more accurate quote with complete information. For over 10 employees, please attach additional sheet(s).
If you have questions, please give us a call at 1 (888) 344-5593.
Please fax completed quote requests to (206) 389-6600 or to 1 (866) 277-6512.