

**REQUEST FOR RATES**

**1. AGENT/BROKER INFORMATION**

Agent/Broker Name	Agency/Brokerage
Agent/Broker Phone	Agent/Broker Fax
Agent/Broker e-mail Address	

**2. GROUP INFORMATION**

**A. Legal Name**

Physical Address

City State ZIP County

**B. Mailing Address**       Same as Physical Address       Separate Address, complete the following:

Street/P.O.

City State ZIP County

**C. Type of Business**      SIC #

**3. EFFECTIVE DATE**

Requested Effective Date    /    /      Renewal Date    /    /

**4. ELIGIBILITY**

Total Employees	Eligible Employees	Participating Employees	
Out-of-area Employees	COBRA Participants	Retirees	
Is the group headquartered outside of the State of Arizona?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please indicate state:	
Does the group have employees residing in Hawaii?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Employer Contribution Level	%	Employee Participation Level	%
Is the group currently a self-insured plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please submit most recent 12 months experience report.	

**5. PRIOR COVERAGE**

Current medical carrier	<input type="checkbox"/> 12 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36+ months
Current dental carrier	<input type="checkbox"/> 12 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36+ months
Prior medical carrier	<input type="checkbox"/> 12 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36+ months
Prior dental carrier	<input type="checkbox"/> 12 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36+ months

**6. CURRENT HEALTH BENEFITS AND RATE INFORMATION**

**A. Medical**

Deductible	Coinsurance %	Coinsurance Maximum	
Preventive	Mental Health	Hearing	
Current Rates: EE	ES	ESC	EC
Renewal Rates: EE	ES	ESC	EC

**6. CURRENT HEALTH BENEFITS AND RATE INFORMATION (CONTINUED)**

**B. Prescription**

Rx Card	Major Medical		
Current Rates: EE	ES	ESC	EC
Renewal Rates: EE	ES	ESC	EC

**C. Dental**

Deductible	Preventive %	Basic %	Major %	Yearly %
Current Rates: EE	ES	ESC	EC	
Renewal Rates: EE	ES	ESC	EC	

**D. Vision**

Current Benefit				
Current Rates: EE	ES	ESC	EC	
Renewal Rates: EE	ES	ESC	EC	

**7. EMPLOYEE CENSUS INFORMATION**

*Note: For groups with 20+ employees, photocopy this section as needed for additional employees.*

Employee Gender	Employee Date of Birth (mm/dd/yyyy)	Is the Employee Enrolling a Spouse	Is the Employee Enrolling Children	Is the Employee Currently Covered Under COBRA
1. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
14. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
15. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
16. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
17. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
18. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
19. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
20. <input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes