

Quote Request Form – Defined Contribution



Broker Requesting Quote		
Name		Phone
Street Address		
City	State	Zip Code
Email		
Request Date	Date Quote Needed	Effective Date
Group Information		
Group Name		
Group Street Address		
City	State	Zip
Group SIC	# FT Employees	# Employees on Cobra

<u>What's needed to quote the Defined Contribution</u>			
Group sizes 2-99 *No Census needed			
Groups sizes 100+ Census including salaries, & prior carrier experience. Included occupations when quoting LTD and STD			
<i>*Certain SIC's may require additional information when quoting disability such as salaries, occupation, sex, birthdate and hire date to determine percentages of occupations in a group. Underwriting will advise on a case-by-case basis.</i>			
<i>Please check items to be quoted below</i>			
Employer Contribution Amount	\$15	\$30	\$50
	Other Amount \$		
Check lines of coverage to quote	Group Life	Voluntary Life	STD
	**LTD	Dental - Replacing coverage	Y or N
			Vision
Check here to quote all lines of coverage		Group Life / Vol Life / STD / LTD / Dental / Vision	

**LTD requires at least 10 employees on the payroll to be quoted – 2 minimum must enroll

Send Quotes To:

dcquotes@nmgaia.com or fax to: 956-982-0931

You can also submit this quote by using the interactive email link below.

Depending on your internet browser, you may need to save this from and then mail as an attachment

www.nmgaia.com

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