

# Traditional Quote Request Form



Broker Requesting Quote							
Name				Phone			
Street Address							
City			State		Zip Code		
Email							
Broker Code		Date Quote Needed			Effective Date		
Group Information							
Group Name							
Group Street Address							
City			State		Zip		
Group SIC		# FT Employees			# Employees on Cobra		
Business Lines to Quote (check each that is requested)							
<b>Dental by Design</b>	Takeover	New Group Coverage			*Prior Carrier		
Premiums	% Paid by Employer			% Paid by Employee			
Plans to Quote	Essentials		Choice		Select		
Plan Options	100/80/50 (Standard)			100/90/60		80/60/40	
Add Orthodontia	Yes (12 month wait unless quoted as takeover)						
Contract Year Deductible	\$100 Lifetime (Standard)			Waived for Type 1 Service when Checked			
	\$25	\$50	\$100	Limit Per Family	3	No Limit	
Change Contract Year Maximums	\$1,000 (standard)	\$500	\$750	\$1,200	\$1,500	\$2,000	\$3,000
Change Orthodontia Lifetime Maximums	\$1,000 (standard)	\$750	\$1,500	\$2,000	\$3,000		
Additional Options	Add Retire Dental Benefit			Add Adult Orthodontia			
Change Type III Waiting Period	No Waiting Period			6 Months		24 Months	
Change Orthodontia Waiting Period	No Waiting Period			24 Months			

\*Please remit prior carriers benefits schedule if you need to match benefits for this quote

Send Quotes To:

[dcquotes@nmgia.com](mailto:dcquotes@nmgia.com) or fax to: 210-656-2121 – [www.nmgia.com](http://www.nmgia.com)

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

<b>Vision by Design</b>	Takeover	New Group Coverage		Prior Carrier	
Premiums	% Paid by Employer			% Paid by Employee	
Plans to Quote	Exam Only		Eyewear Only		Exam and Eyewear
Exam Co-Pays	\$0	\$10	\$20	Frames Allowance	\$100 \$130

<b>Disability / STD</b>					
	Takeover	New Group Coverage		Prior Carrier	
Premiums	% Employer Paid			% Employee Paid (voluntary)	
Current Coverage	Current Rate Per \$10			Renewal Rate per \$10	
Amount	Flat Amount - \$100 \$200 per week on all Full-time Employees				
Or Amount	60 % of Earnings to a Max Benefit of \$1,250 Per Week				
Or Amount	Class Plan – List Here:				
Elimination	Day(s) Accident	Days Sickness		Weeks	
Groups over 100	I have Attached a STD Claims Experience on Groups over 100+ (email to address above)				

<b>Disability / LTD</b>					
	Takeover	New Group Coverage		Prior Carrier	
Premiums	% Employer Paid			% Employee Paid (voluntary)	
Current Coverage	Current Rate Per \$100			Renewal Rate per \$100	
Amount Percent of Earning	% of Earnings to \$		Max Monthly Benefit on all Fulltime Employees (standard)		
Elimination	90 Days	120 Days	180 Days	Other	
Benefit Integration	Primary and Family (Standard)			Primary Only	
Benefit Duration	To Age 65 RBD	5 year	2 Year		
Own OCC Definition	2 Year	3 Year	5 Year	To Age 65	
Groups over 200	I Have Attached LTD Claims Experience for Groups over 200 (email to address above)				

<b>Life AD&amp;D</b>					
	Takeover	New Group Coverage		Prior Carrier	
Premiums	% Employer Paid			% Employee Paid (Voluntary)	

Current Coverage	Current Rate Per \$1000	Renewal Rate per \$1000
Coverage Amount		
Flat Amount	\$ on all Full-time Employees	
Multiple of Earnings	X Earnings on all Employees to Max of \$	
Class Plan	List Here:	
Life Reduction	35% at 65, Terminate at 70 or Retirement (Groups 2 to 9) 35% at 65, 50% at 70, 75% at 75, Terminate at Retirement (Groups of 10+)	
	Other:	
Dependent Life	\$ Spouse Amount	\$ Child(ren) Amount
Options	Extended Death Benefit (2-9 Employees)	
	Waiver of Premium (10+ Employees)	
Groups 150+	I have attached a Life Claims Experience on Groups 150+	
<b>Critical Illness</b>		
Premiums	% Employer Paid	% Employee Paid (Voluntary)
Requested Coverage	\$5,000 – Groups 5 – 24 eligible employees	
	\$10,000 – Groups 25 – 99 eligible employees	
	\$15,000 – Groups 100 – 199 eligible employees	
	\$20,000 – Groups 200+ eligible employees	