

# 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 (circle and complete each section that is requested)							
<i>By selecting KCL – employee benefits include: Beneficiary Companion, Travel Assistance &amp; Identity Theft, at no extra cost</i>							
True Group & Voluntary Dental							
Coverage	Takeover	New Coverage			*Prior Carrier		
Premiums	% Paid by Employee			% Paid by Employer			
Plans to Quote	True Group (5+)			Voluntary		Go2 (2-4 EE's)	
Plan Options	100/80/50 (Standard)			100/90/60			
Add Orthodontia	Yes (12 month wait unless quoted as takeover)						
Contract Year Deductible(s)	\$25	\$50	\$100	Include on all four types of services			
	(Max 3 per family)			Please quote \$100 Lifetime per participant			
Contract Year Maximums	\$1,000 (standard)	\$500	\$1,500	\$2,500	\$3,000	\$4,000	\$5,000
Orthodontia Lifetime Maximums	\$1,000 (standard)	\$750	\$1,500	\$2,000	\$2,500		
Additional Options	Add Preventive Rewards			Eliminate All Waiting Periods			
	Add Dental Reserve Rollovers						

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

Send Quotes To:

[Jennifer.duggins@kclife.com](mailto:Jennifer.duggins@kclife.com)

<b>Vision</b>	Takeover	New Group			Prior Carrier	
Premiums	% Paid by Employee			% Paid by Employer		
Plans to Quote	Davis Vision	VSP			VSP Frames Allowance	\$130 \$150
Frames Allowance	12 Months	24 Months				
<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		
Benefit Amount Up to \$1,500	50%	60%	-OR-	Flat Amount - \$100 \$200 <i>(Full-time employees, not to exceed 66 2/3 of weekly payroll)</i>		
Elimination	Accident Days	1st	8th	15th	31st	
	Illness Days	8th	15th	31st		
Duration	13 Weeks	26 Weeks	Other:			
Groups over 100	I have Attached a STD Claims Experience on Groups over 100+ (email to address above)					
<b>Disability / LTD</b>						
<i>Includes – EAP (Employee Assistance Program) - FIVE face-to-face consultations with local licenses providers</i>						
Coverage	Takeover	New Group Coverage			Prior Carrier	
Premiums	% Employer Paid			% Employee Paid (voluntary)		
Current Coverage	Current Rate Per \$100			Renewal Rate per \$100		
Benefit Amount	30%	50%	60%	\$6,000	\$7,500 <i>(if top three wage earners qualify)</i>	
Elimination	90 Days	180 Days	Other:			
Benefit Duration	To Age 65 RBD	5 years	2 Years			
Groups over 200	I Have Attached LTD Claims Experience for Groups over 200 (email to address above)					
<b>Life//Vol Life AD&amp;D</b>						
<i>\$10,000 to \$500,000 – Not to exceed – FIVE – times employee annual earnings</i>						
Coverage	Takeover	New Group Coverage			Prior Carrier	
Premiums	% Employer Paid			% Employee Paid (Voluntary)		
Current Coverage	Current Rate Per \$1000			Renewal Rate per \$1000		
Coverage Amount	Basic Amount	Include Voluntary Life Quote			Include AD&D	
Dependent Life	\$	Spouse Amount	\$	Child(ren) Amount		

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<b>Critical Illness / 5+ Groups</b>		<i>Approved in OK – Filed in TX &amp; WY – Not filed NM</i>	
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		
Groups 500+	I have attached the groups most recent claims experience		

<b>Accident / 5+ Groups</b>				
Premiums	% Employer Paid	% Employee Paid (Voluntary)		
Requested Coverage	High Plan	Medium Plan	Low Plan	
Groups 500+	I have attached the groups most recent claims experience			

