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cbg CONFIDENT™ ACILLARY GROUP BENEFITS – Dental, Vision, Life, STD and LTD

Date:
 Agent Name:
 Phone Number:
 Fax Number:
 Email Address:
 Web Site:

Client Name:
 Zip Code:
 SIC Code or Nature of Business:
 Requested Effective Date:

Dental Data

Census: Employee EE+Spouse EE+Child(ren) Family

Participation level after Waivers:
 Prior Dental Coverage: Name of Carrier:

Dental Plan:

Calendar Year Max:
 Deductible: \$50 Calendar Yr
 Reasonable and Customary:
 Endodontics:
 Periodontics
 Complex Oral Surgery:
 Orthodontics:
 Orthodontics Life Max:

Life Data

Participation Level: Employer paid life: 100% Participation of eligible employees required; 5 Life Minimum
 Number of Eligible Employees: Voluntary life requires 10 eligible lives and the greater of 5 enrolled lives or 10% participation

Short Term Disability Data

Participation Level: Employer paid life: 100% Participation of eligible employees required; 5 Life Minimum
 Number of Eligible Employees: Voluntary life requires 10 eligible lives and the greater of 5 enrolled lives or 10% participation
 Elimination Period/Benefit Period:

Long Term Disability Data

Participation Level: Employer paid life: 100% Participation of eligible employees required; 5 Life Minimum
 Number of Eligible Employees: Voluntary life requires 10 eligible lives and the greater of 5 enrolled lives or 10% participation
 Elimination Period/Benefit Period:

Voluntary Vision Data

Census: Employee EE+Spouse EE+Child(ren) Family

Scan and Email to sales@allied-brokerage.com or Fax to 913-945-4393