



REQUEST FOR QUOTATION

PO Box 29189
 Shawnee Mission, KS 66201
 888-402-7204
 E-FAX: 913-945-4393
 brokerage@alliednational.com

Broker Name	Date
Agency Name	Phone
Address	Fax Number
City, State ZIP	Email Address

Group Name		Type Of Business	
Number Of Employees		Coverage Requested <input type="checkbox"/> Life <input type="checkbox"/> AD&D <input type="checkbox"/> WDI <input type="checkbox"/> LTD <input type="checkbox"/> Dental	Commissions Standard Other (specify) _____
State	Zip Code	SIC Code	Employer Contribution 100 % Other (specify) _____
Date needed by:		Proposed effective date:	

LIFE and AD&D Insurance

Age Reduction 35% at 65, to 55% at 70 to 70% at 75 (standard)
 35% at 70 to 55% at 75 to 70% at 80
 Other
 (specify) _____

ALL AGE REDUCTIONS TERMINATE AT RETIREMENT

Life Information	Plan/Class Description	Basic Amount	Supplemental Amount
	1		
	2		
	3		
	4		

Does AD&D Benefit match Life?
 YES NO (specify) _____

Dependent Life Insurance
 Spouse \$ _____ Child \$ _____ Infant \$ _____

Weekly Disability Income

Maternity Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiting Period -Accident Days	Waiting Period - Sickness Days	Disability Period Weeks
Weekly Disability Income Information	Plan/Class Description	Amount	Maximum
	1		
	2		
	3		
	4		

Salary Information on Census (if necessary) Weekly Monthly Annual Other
 (specify) _____

Long Term Disability

Eligibility			
		Current	Proposed
Long Term Disability Information	Benefit Percent	50 / 60 / 66 2/3 / 70 / %	50 / 60 / 66 2/3 / 70 / %
	Max. Monthly Benefit	\$	\$
	Benefit Duration	RBD /	RBD /
	Integration	FF /	FF /
	Elimination Period (days)	30 / 60 / 90 / 180 /	30 / 60 / 90 / 180 /

Optional Benefits

FAX OR E-MAIL INFORMATION TO ALLIED BROKERAGE SERVICES
 1-913-945-4393
 brokerage@alliednational.com

Current Rates

Life / AD&D	WDI	LTD

Present Coverage

	Life / AD&D	WDI	LTD
Name of Current Carrier/s			
Anniversary Date			
Present Contract Inforce since			

Experience History

Life (500 Lives*)				AD&D			WDI (200 Lives*)		
	Current	Prev Yr 1	Prev Yr 2	Current	Prev Yr 1	Prev Yr 2	Current	Prev Yr 1	Prev Yr 2
Unit Rate									
Ann Prem									
Ann Paid									
Claims									
LTD (200 Lives*)				If necessary, additional experience history can be provided on separate sheet. Please attach census information.					
	Current	Prev Yr 1	Prev Yr 2						
Unit Rate									
Ann Prem									
Ann Paid									
Claims									

* Experience information is required for groups of this size or greater.

COMMENT:

Additional Information Needed

1. Is the premium paid by the employer, employee or both? What Percentage?
2. Description of current plan coverage. Attach schedule of benefits. Include any supplemental insurance and benefit reduction formula for insurance at older ages.
3. Census of employees showing age, sex, and either income or amount of insurance coverage for each person. Indicate dependent status if dependent life and dental coverage is desired.
4. Are retirees covered? Yes No
If so, please provide description of current plan.

CENSUS DATA

	NAME (LAST NAME, FIRST NAME)	DATE OF BIRTH	AGE	SEX	INCOME	JOB DESCRIPTION
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