

# SOUTH FLORIDA GROUP BENEFITS

## Fact Finder for Quotes

<b>Company Name</b>		<b>Industry:</b>	
<b>Company Address</b>		<b>Years in Business:</b>	

### HEALTH COVERAGE

<b>• Medical carrier history</b>	Current carrier?	How long?		
	Prior carrier?	How long?		
<b>• Employer contribution:</b>	Employee?	Dependent?	<b>• Waiting Period:</b>	
<b>• Employee census</b>	Total # employees eligible?		# of <b>Cobra</b> continues?	
	# Employees participating?		# Of employees 65 or older?	
	# Employees waiving medical?		# Of employees 65 or older with <b>Medicare</b> ?	
	# Employees waiving who have spousal coverage?			
<b>• Current HMO Rates</b>	EE	ES	EC	F
<b>• Renewal HMO Rates</b>	EE	ES	EC	F
<b>• Effective Date</b>		<b>Renewal date:</b>		
<b>• Current Plan Designs</b>		<b>HMO Network</b>	<b>POS/PPO Network</b>	<b>Non-Network</b>
	Deductibles			
	Hospital & Coinsurance			
	Out of pocket maximum			
	Lifetime Plan maximum			
	PCP Co-pay Specialist Co-pay			
	Pharmacy co-payments			

### DENTAL COVERAGE

- Dental carrier history for the last 2 years. Current carrier? \_\_\_\_\_ How long? \_\_\_\_\_  
 Prior Carrier? \_\_\_\_\_ How Long? \_\_\_\_\_
- Employer contribution towards the cost of coverage for: EE? \_\_\_\_\_ Dep? \_\_\_\_\_
- Current Rates: EE \$ \_\_\_\_\_ ES \$ \_\_\_\_\_ EC \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
- Renewal Rates: EE \$ \_\_\_\_\_ ES \$ \_\_\_\_\_ EC \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

### LIFE COVERAGE

- Life carrier history for the last 2 years. Current carrier? \_\_\_\_\_ How long? \_\_\_\_\_  
 Prior Carrier? \_\_\_\_\_ How Long? \_\_\_\_\_
- Employer contribution towards the cost of coverage for: EE? \_\_\_\_\_ Dep? \_\_\_\_\_
- Current Rates: Basic Life \$ \_\_\_\_\_ per \$1,000 AD& D \$ \_\_\_\_\_ per \$1,000
- Renewal Rates: Basic Life \$ \_\_\_\_\_ per \$1,000 AD& D \$ \_\_\_\_\_ per \$1,000
- Current Life/AD&D amount \$ \_\_\_\_\_
- Please provide summary of benefits if you have STD and LTD coverage