

SOUTH FLORIDA GROUP BENEFITS

Fact Finder for Quotes

Company Name		Industry:	
Company Address		Years in Business:	

HEALTH COVERAGE

• Medical carrier history	Current carrier?	How long?		
	Prior carrier?	How long?		
• Employer contribution:	Employee?	Dependent?	• Waiting Period:	
• Employee census	Total # employees eligible?	# of Cobra continues?		
	# Employees participating?	# Of employees 65 or older?		
	# Employees waiving medical?	# Of employees 65 or older with Medicare ?		
	# Employees waiving who have spousal coverage?			
• Current HMO Rates	EE	ES	EC	F
• Renewal HMO Rates	EE	ES	EC	F
• Effective Date		Renewal date:		
• Current Plan Designs		HMO Network	POS/PPO Network	Non-Network
	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