



**RIGBY**  
GROUP BENEFITS

4933 Lincoln Ave. • Lisle, Illinois 60532 • 630.964.5500 • Fax 630.964.5506 • www.rigbygroup.com

## Group Health Insurance Quote

Please complete as much as this form as possible. If you're missing information, please fax the form anyway – we'll get the information from you later.

**Group Name:** \_\_\_\_\_

**Requested Effective Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**City, State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Current Carrier:** \_\_\_\_\_

**email:** \_\_\_\_\_

**No. of Full-Time Employees:** \_\_\_\_\_

**How Long?** \_\_\_\_\_

**No. of Insured for Medical:** \_\_\_\_\_

	CURRENT RATES				RENEWAL RATES			
	EE	ES	EC	F	EE	ES	EC	F
<b>Medical</b>								
<b>Dental</b>								

EE = Employee ES = Employee & Spouse EC = Employee Child(ren) F = Family

Circle the type of insurance are you looking for.

**Type of Insurance:** HMO PPO POS Other: \_\_\_\_\_

**Deductible:** \$0 \$250 \$500 \$1,000 Other: \_\_\_\_\_

**Coinsurance:** 100% 90% 80% 70% Other: \_\_\_\_\_

**Physician Co-Pay:** \$5 \$10 \$20 \$25 Other: \_\_\_\_\_

**Notes or Special Requests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the census on the next page for all eligible employees.



## Census

Please complete the following census for all eligible employees

	First & Last Name	Sex	Age or D.O.B.	Spouse Age or D.O.B.	No. of Children	Coverage Status*
1.						
2.						
3.						
4.						
5.						
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27.						
28.						
29.						
30.						

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