EMERSON ROGERS

SMALL GROUP QUOTE REQUEST FORM

Send Completed RFP to your ER Office Quoting Inbox:

palmbeachquoting@emersonrogers.com

miamiquoting@emersonrogers.com

orlandoquoting@emersonrogers.com

Name	BRAD TUNIS/BRE TUNIS/SUSAN TUNIS	**Email**	BRAD@TUNISGROUP.COM
Agency	BT INSURANCE GROUP	**Phone**	5613394398
Agent Producer			

(if different than above)

Effective Date	
Tax ID	
Group Name	
Street Address	
City, State, & Zip	
County	
SIC Code	

Does the owner have ownership in any other businesses that are considered commonly owned (controlled groups) as described by IRS Sec

YES NO

Enter the Average Total Number of Employees (ATNE) for the prior calendar year for all commonly owned companies (include all Full Time, Part Time, and Seasonal employees):

Group size is determined by the Average Total Number of Employees (ATNE) of all controlled groups/commonly owned companies. If ATNE for ALL companies totals 51 or more, then group needs to be quoted as large group. If large group, please contact your Sales Representative.

ENTER CURRENT EMPLOYEE INFORMATION:

# of FT Employees	
# of PT/Seasonal Employees	
TOTAL on Payroll	

Coordination of Benefits:	Medicare Primary	Plan Primary
Under Federal Law, if your group had 20 or more employees during 20 or more calendar weeks in the preceding calendar year, the Plan is Primary for Medicare purposes. Medicare would become secondary.		

CURRENT LINES OF COVERAGE

	Medical	Dental	Vision	Life	Disability
Current Carrier					
Virgin Group					

REQUESTED PRODUCTS

Medical Dental Vision Life Disability

REQUESTED CARRIERS

FULLY INSURED

AvMed FL Blue FHCP Truli UHC Allstate FI UHC

LEVEL FUNDED

Allstate LF FL Blue BF Aetna AFA Cigna UHC LF Angle Trustmark

For Level Funded requests - please see Level Funded tab for additional requirements for quoting.

Emerson Rogers will use the standard carrier comp unless otherwise specified in the notes box below

ANCILLARY

Guardian MetLife Principal Unum

Florida Blue Humana United Allstate Solstice

SPECIAL NOTES FOR QUOTING

Complete CENSUS with genders and DOBs for ALL enrolled members, including dependents. (See Census Tab)

If any former employees/dependents are currently on COBRA/State Continuation then please include on census.

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PLEASE INCLUDE DETAILED INFORMATION ON ALL ELIGIBLE EMPLOYEES, SPOUSES, AND CHILDREN WHO WISH TO ENROLL

REQUIRED FOR MEDICAL QUOTE							OPTIONAL		DISABILITY ONLY	
Relationship Employee, Spouse/DP, or Child	**First Name**	**Last Name**	**Gender**	**DOB**	**Home Zip Code**	Medical Coverage Type EE, ES, EC, FAM, Waiver, Valid Waiver	Dental Coverage Type EE, ES, EC, FAM, Waiver	Vision Coverage Type EE, ES, EC, FAM, Waiver	**Annual Salary**	**Occupation**
Example:										
Employee	John	Doe	M	2/15/73	32789	FAM	EC	ES	$100,000	President
Spouse	Jane	Doe	F	8/28/75						
Child	Johnny	Doe	M	12/25/11						

Calculating Your Average Payroll Total

Complete the table below to calculate the total average number of employees on payroll in the previous calendar year

Example: 1/1/23 effective date = enter in 2022 payroll numbers

Example: 12/1/22 effective date = enter in 2021 payroll numbers

Include all employees from any Controlled Group of Corporations as defined under ("HIPAA") which states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	ATNE
Full-Time													
Part-Time/Seasonal													
Total	0	0	0	0	0	0	0	0	0	0	0	0	**0**

Formula

Average number of employees = $\frac{\text{Sum of total employees for each month of the preceeding calendar year}}{12}$ = 0

Level Funding Requirements

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Requirements	AETNA AFA	ALLSTATE BENEFITS	ANGLE HEALTH	AVMED GHT	CIGNA	FLB BALANCED FUNDING	UHC LF
Participation	2-50 eligible need 30%	50% overall or 75% excluding valid waivers	N/A	70% excluding valid waivers	Load applied for less than 50% overall	70% excluding valid waivers	50% excluding valid waivers
Minimum Size	2 employees enrolled	2 employees enrolled	10 employees enrolled	2 employees enrolled	20 employees enrolled	10 employees enrolled	5 employees enrolled
Required if currently	**Fully Insured:** N/A **Level Funded:** • Renewal • Benefit Summaries • Claims Report	**Fully Insured:** • Renewal • Benefit Summaries **Level Funded:** • Renewal • Benefit Summaries	**Fully Insured:** • Renewal (welcomed) **Level Funded:** • Renewal (welcomed)	**Fully Insured:** • Group Health Questionnaire (GHQ) • Renewal • Benefit Summaries **Level Funded:** • Group Health Questionnaire (GHQ) • Renewal • Benefit Summaries • Claims Report	**Fully Insured:** • Renewal • Benefit Summaries **Level Funded:** • Renewal • Benefit Summaries • Claims Report	**Fully Insured:** • Group Medical Questionnaire (GMQ) • Benefit Summaries **Level Funded:** • Group Medical Questionnaire (GMQ) • Benefit Summaries	**Fully Insured:** • Current Carrier Name **Level Funded:** • Current Carrier Name
IMQ's required if	• Virgin group with less than 10 enrolling • Fully Insured & less than 10 enrolled • Level funded & less than 5 enrolled	• Virgin group • Fully Insured & Level Funded less than 10 enrolled	N/A	• Virgin group & less than 10 enrolling • Fully Insured & Level Funded less than 10 enrolled	N/A	N/A	• Virgin group
Additional Requirements/ notes	• Waivers on census • SIC code • If a group has 5-9 enrolling & is currently on Level Funding, IMQ's can be waived • Both employees can't be spouses or dependents of the other.	• Waivers on census with waiver reason • SIC code	• Will accept virgin groups • Will accept 1099 employees with at least 1 W2 employee	• Waivers on census • Virgin group required Group Health Questionnaire (GHQ) • Both employees can't be spouses or dependents of the other	• Waivers on census with waiver reason • SIC code • Currently enrolled plan name required next to EACH employee if group offers more than one plan. • Will accept virgin groups	• Will accept virgin groups	• Waivers on census with waiver reason • SIC code • Tax ID • Current carrier name if on PEO master policy

ATNE (Average Total Number of Employees) from the previous year is required for all groups over 41 eligible employees or if the group was in the LG Segment the previous year