



# Proposal Request Form for Group (2 or more employees)

This process enables you to request a group health insurance quote. Please print, complete and submit the health plan options, business information and group census. Email to [1@healthwealth.fit](mailto:1@healthwealth.fit)

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## Health Plan Options

### Choice of Plans

- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO)
- Health Savings Account (HSA)

Deductible       \$250       \$500       \$1000       \$1500       \$2500       \$5000

Doctor's Office Visit Copay       Yes     No

Prescription Drug Card       Yes     No

Co-Insurance Options       100%/80%     90%/70%     80%/80%

- Optional Benefits
- Maternity (Paid as any other sickness)
  - Dental Insurance
  - Life/AD&D
  - Disability Insurance

## Business Information

Business \_\_\_\_\_

E-mail \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Association Name \_\_\_\_\_

S/C Code or Description of Business \_\_\_\_\_

Requested Effective Date \_\_\_\_\_

**\*If you are replacing coverage, include a plan summary and a copy of the last bill.**

**It is preferred that you send the following census as an excel file.**

Total Number of Employees: \_\_\_\_\_

Please complete the following employee information and send it via email to [1@healthwealth.fit](mailto:1@healthwealth.fit)

### Group Census

	Employee Name	Date of Birth mm/dd/yyyy	Gender M/F	State Employee Resides In	Coverage Employee (EE) Employee/Sp (ES) Employee/Ch (EC) Family (EF)	Salary
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