## CENSUS / QUOTE REQUEST FORM (please print legibly)

ncy Name:	Contact:
et Address:	Telephone:
:	Fax:
e: Ziņ	p: Current Carrier:
il:	Number of Employees:
• • • •	or groups of 2 - 4 & \$100,000 for groups with 5 or more and 100% participation employees in \$5,000 increments up to \$100,000; \$
☐ Long-Term Disability (Guaranteed Issue may be a	available for groups with 2 or more and a minimum of 75% participation)
☐ Plan I (60% Monthly Earnings up to \$10,000 max. m	nonthly benefit)
☐ Plan II (66 2/3% Monthly Earnings up to \$10,000 ma	ax. monthly benefit)
Elimination period: ☐ 60 days ☐ 90 days ☐	1 180 days
Benefit period: ☐ 2 years ☐ 5 years ☐ to ag	ge 65
Will employer pay for coverage? ☐ Yes	□ No Percentage
☐ Short-Term Disability (Guaranteed Issue may be a	available for groups of 2 or more and a minimum of 75% participation)
☐ Plan I (13 week benefit, 0 day Acc / 7 day Sick Elimi	ination Period, 70% of weekly earnings up to \$650 per week)
☐ Plan II (26 week benefit, 0 day Acc / 7 day Sick Elin	mination Period, 70% of weekly earnings up to \$650 per week)
☐ Plan III (22 week benefit, 30 day Acc / 30 day Sick E	Eliminationtion Period, 70% of weekly earnings up to \$650 per week)
☐ Plan IV (104 week benefit, 30 day Acc / 30 day Sick	k Eliminationtion Period, 70% of weekly earnings up to \$650 per week)
☐ <b>Dental</b> - Guardian DentalGuard Preferred National Netw	work (not available to groups of 1)
☐ Vision - VSP Vison National Network	

Employee Name	DOB	Gross Annual Salary	Additional Life for Employee	Smoker (yes or no)
		1		
		+		
		+		
		+		
		+		

To receive a quote, complete this form and return:

VIA FAX: (703) 783-8292

VIA MAIL: IIABA Employee Benefits

127 S. Peyton Street Alexandria, VA 22314 Contact: Christine M Munoz

Manager, Employee Benefits

800-848-4401

christine.munoz@iiaba.net