| Agency Name: | Contact: |
| :--- | :--- |
| Street Address: | Telephone: |
| City: | Fax: |
| State: | Current Carrier: |
| Email: | Number of Employees: |

Life With AD\&D (Guaranteed Issue up to $\$ 25,000$ for groups of $2-4 \& \$ 100,000$ for groups with 5 or more and $100 \%$ participation) - Plan A -- Employer select basic amount for employees in \$5,000 increments up to $\$ 100,000$; $\$$ $\qquad$

- Plan B -- 1x Earnings (up to $\$ 100,000$ )
$\square$ Plan C -- 2x Earnings (up to $\$ 200,000$ )
$\square$ Long-Term Disability (Guaranteed Issue may be available for groups with 2 or more and a minimum of $75 \%$ participation)
- Plan I ( $60 \%$ Monthly Earnings up to $\$ 10,000$ max. monthly benefit)
- Plan II ( $662 / 3 \%$ Monthly Earnings up to $\$ 10,000$ max. monthly benefit)

Elimination period: $\square 60$ days 90 days 180 days
Benefit period: $\square 2$ years $\square 5$ years to age 65
Will employer pay for coverage? Yes No Percentage___
$\square$ Short-Term Disability (Guaranteed Issue may be available for groups of 2 or more and a minimum of $75 \%$ participation)

- Plan I ( 13 week benefit, 0 day Acc / 7 day Sick Elimination Period, $70 \%$ of weekly earnings up to $\$ 650$ per week)
- Plan II (26 week benefit, 0 day Acc / 7 day Sick Elimination Period, $70 \%$ of weekly earnings up to $\$ 650$ per week)
- Plan III (22 week benefit, 30 day Acc / 30 day Sick Eliminationtion Period, $70 \%$ of weekly earnings up to $\$ 650$ per week)
- Plan IV (104 week benefit, 30 day Acc / 30 day Sick Eliminationtion Period, $70 \%$ of weekly earnings up to $\$ 650$ per week)
$\square$ Dental - Guardian DentalGuard Preferred National Network (not available to groups of 1)
Vision - VSP Vison National Network

| Employee Name | DOB | Gross Annual <br> Salary | Additional Life <br> for Employee | Smoker <br> (yes or no) |
| :--- | :--- | :--- | :--- | :--- |
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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

