

# ABC Health Insurance Program Quote Request

If you are a member of the ABC and would like to receive information on the available Health Insurance Plans, complete these forms and fax to:

**Sales Consultants**  
**Capital Benefit Services, Inc.**  
 15375 SE 30th Place, Suite 380, Bellevue, WA 98007

FAX: (425) 643-6728  
 PHONE: (800) 545-7011 ext. 6  
 EMAIL: [sales@epkbenefits.com](mailto:sales@epkbenefits.com)

**In order to obtain a quote, our carriers require all sections of this form to be completed.**

Group Information	Company Name:	Phone:
	Contact Person:	Fax:
	Address:	Email:
	City, State, Zip:	Date Business Started:
	Nature of Business:	SIC Code:
	Are you a member of the Associated Builders & Contractors ?	
If yes, please provide:      Membership ID#		Member Since:
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I authorize the MBA Trust Consultants (Capital Benefit Services, Inc.) to provide our company with a proposal for the MBA Trust.		
Authorized Representative:		Date:

Current Health Insurance	<input type="checkbox"/> Group Medical <input type="checkbox"/> Group Dental <input type="checkbox"/> Individual Policies <input type="checkbox"/> None				
	CURRENT INSURER _____		TRUST / PROGRAM _____		RENEWAL DATE _____
	Please attach a summary of benefits of your current medical (and dental if applicable) plan or provide the following:				
	Benefit Level (80/20): _____		Coplay: _____		Deductible: _____
			<u>CURRENT RATES</u>		<u>RENEWAL RATES</u>
		Medical / Rx Drugs	Dental	Medical / Rx Drugs	Dental
Employee					
Spouse					
Single Child					
Children					
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What percentage do you pay toward the cost for Employees? _____% Dependents? _____%					
(The company must pay a minimum of 75% for employees, there is no requirement for dependent(s) contribution).					

Please include all Eligible Employees; Eligible Employees include all full-time, active employees and owners who have satisfied your company's probationary period for insurance coverage. Please include additional census if your company has 21 or more employees.

SEX	DATE of BIRTH	DEPENDENTS			SEX	DATE of BIRTH	DEPENDENTS		
		SP	1CH	2+CH			M/F	SP	1CH

**PLEASE SEND MY CUSTOM QUOTE VIA EMAIL**

(If you are requesting an email response for a quote, please verify your email address at the top of the page)