

BIAW Health Insurance Program Quote Request

If you would like to receive information on health insurance plans, complete both pages 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

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

Please let us know how you heard about the BIAW Health Insurance Trust

BIAW 1-11

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 Building Industry Association of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide: Membership ID#	Member Since:

I authorize the BIAW Trust Consultants (Capital Benefit Services, Inc.) to provide our company with a proposal for the BIAW Trust.

Authorized Representative: _____ Date: _____

Current Health Insurance

Group Medical Group Dental Individual Policies 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): _____ Copay: _____ Deductible: _____ Rx Benefit: _____

	<u>CURRENT RATES</u>		<u>RENEWAL RATES</u>	
	Medical / Rx Drugs	Dental	Medical / Rx Drugs	Dental
<i>Employee</i>				
<i>Spouse</i>				
<i>Single Child</i>				
<i>Children</i>				

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).

Employee Census

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

