

BIAW Health Insurance Program Quote Request

If you are a member of the BIAW 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

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 your Local Building Association ?	
If yes, please provide: Which Association ?		Membership ID#: Member Since:
<p>I authorize the BIAW Trust Consultants (Capital Benefit Services, Inc.) to provide our company with a proposal for the BIAW Trust.</p>		
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 _____	
	How long have you been with your current insurer? _____			
	<i>Please attach a summary of benefits of your current medical (and dental if applicable) plan or provide the following:</i>			
	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>				
<p>What percentage do you pay toward the cost for Employees? _____% Dependents? _____%</p> <p><i>(The company must pay a minimum of 75% for employees, there is no requirement for dependent(s) contribution).</i></p>				

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

