



Quote Request Form – Email / FAX

To: Joanna Jungen	From:
Fax: 205-343-1239	Pages:
Phone: 205-343-1246 – 1-866-839-5308	Date:
E-Mail: jjungen@southlandbenefit.com	E-Mail:
Re:	

Group Name:	City Located:	Zip Code:	Effective Date:
Describe What Type of Company			
Fully Insured Proposal: _____	Commission %: _____		
Administrative Services Only (ASO) Proposal: _____	Commission % or \$: _____		
Employer Pays _____ % for Employee Coverage	Total Number of Eligible Employees: _____		
Employer Pays _____ % for Dependent Coverage	Assumed EE Participation %: _____		
Name of Current Carrier:	Yrs with Carrier:	Carrier Renewal Rates:	
<p>Email or fax the following information for each employee:</p> <ul style="list-style-type: none"> • age or date of birth • zip code • gender • type of coverage, i.e., single, family <p>Provide us with a copy of current plan design (please indicate any changes that may be desired.)</p> <p>Provide us with claims experience, if available</p>			