REQUEST FOR QUOTE

Covell Consultants LLC

Mark Covell

1330 San Pedro NE Suite 105

Albuquerque NM 87110

505-232-8302, fax 855-290-5117

e-mail covcons@aol.com

|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
| City |  |
| Contact |  |
| Telephone |  |
| Fax |  |
| E-Mail |  |
| Referred by |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Requested Effective Date |  | Total Employees |  |
| Years in Business |  | Employees on COBRA |  |
| Type of Business |  | Part-Time Employees |  |
| SIC Code |  | Employees in Waiting Period |  |
| New Employee Waiting Period |  | Employees with Other Coverage |  |
|  |  | Eligible Employees |  |
|  |  | Management Carve Out |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HEALTH** | | DENTAL | |
| Carrier |  | Carrier |  |
| Years With Carrier |  | Years With Carrier |  |
| Plan |  | Graduated Benefits? |  |
| Co-Pay |  | D&P |  |
| Lifetime Max |  | BASIC |  |
| PPO Network |  | MAJOR |  |
| R/X |  | Deductible |  |
|  |  | Maximum |  |
|  |  | ORTHODONTICS |  |
|  |  | Ortho Max |  |
|  |  | Adult Ortho ? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | MEDICAL | | DENTAL | |
|  |  |  | CURRENT | RENEWAL |
| Employee |  |  |  |  |
| EE+SP |  |  |  |  |
| EE+1 CHILD |  |  |  |  |
| EE+CHILDREN |  |  |  |  |
| FAMILY |  |  |  |  |

CENSUS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | DOB or Age | **M/F** | **Marital Status**  **S / M** | **# Children** | **ANNUAL**  **SALARY** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |