Quote Request Form

Agent Name: Click or tap here to enter text.   Agent Email: Click or tap here to enter text.

Agency Name: Click or tap here to enter text.   Agent Phone: Click or tap here to enter text.

Specify the desired advisory fee on a Per Subscriber (enrolled employee) Per Month Basis: $ Click or tap here to enter text.

Employer Information

Group Name: Click or tap here to enter text.   Employer Tax ID number: Click or tap here to enter text.

Headquarters Address: Click or tap here to enter text.

List all states Employees are in: Click or tap here to enter text.

Number of Full Time Employees: Click or tap here to enter text.

Requested Effective Date: Click or tap to enter a date.

Does the group currently offer any health insurance? ☐ Yes   ☐ No

If yes, please provide the following:

*SPD

*Rates or Equivalents

*Enrollment numbers by tier

Affordability Testing

Does the group want to look at affordability testing?   ☐ Yes   ☐ No

If yes, please provide hourly wage or annual salary on the census

ICHRA Platforms

☐ Trovia   ☐ One Bridge

☐ Benefit Bay   ☐ Savvy

☐ ICHRA Systems (Colorado Only)   ☐ Benafica

☐ W3LL   ☐ Navia Benefit Solutions

☐ Gravie   ☐ Take Command