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| 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 | | | |
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