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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  | [ ]  |

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| No |

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| If yes, please provide the following: |

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| \*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 |
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 | [ ]  Trovia |  | [ ]  One Bridge |
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 | [ ]  Benefit Bay |  | [ ]  Savvy |
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 | [ ]  ICHRA Systems (Colorado Only) |  | [ ]  Benafica |
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 | [ ]  W3LL |  | [ ]  Navia Benefit Solutions |
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 | [ ]  Gravie |  | [ ]  Take Command |
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