



Quote Request Form

Group Life, Disability, Dental & Vision

Broker Requesting Quote

Name: _____

Phone: _____

Street Address: _____

City State Zip Code: _____

Email: _____

Request Date: _____ Date Quote Needed: _____ Effective Date: _____

Group Information

Group Name: _____

Group Street Address: _____

City State Zip Code: _____

Group SIC #: _____ FT Employees: _____ # Employees on Cobra: _____

What's needed to quote

Groups sizes 100+: Census including salaries, elections & prior carrier experience. Include occupations when quoting LTD and STD*

*Certain SIC's may require additional information when quoting disability such as salaries, occupation, sex, birthdate and hire date to determine percentages of occupations in a group. Underwriting will advise on a case-by-case basis.

Please check items to be quoted below:

Check lines of coverage to quote: Group Life Voluntary Life STD **LTD

Dental – Please indicate if this is replacing coverage Y or N Vision

Check here to quote *all* lines of coverage Group Life / Vol Life / STD / LTD / Dental / Vision

Send Quotes To: enrollment@teamconn.com