



IBS PASSPORT QUOTE REQUEST FORM

Innovative Benefit Solutions
100 East Wisconsin Ave. #1860
Milwaukee, WI 53202
(414) 273-6586 Phone
(414) 273-3778 Fax

Employer Information

Employer Name _____	SIC or Industry Description _____
Address _____	Total Number of Employees _____
City _____ State _____ Zip _____	Number of Locations _____
Provide Separate Bill for Each Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unions Present <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain _____	

Coverages Requested (Check those that apply)

<input type="checkbox"/> Basic Life	<input type="checkbox"/> Supp Life	<input type="checkbox"/> AD&D	<input type="checkbox"/> Supp AD&D	<input type="checkbox"/> Dependent Life
<input type="checkbox"/> STD	<input type="checkbox"/> LTD	<input type="checkbox"/> Vision	<input type="checkbox"/> Flexible Spending Account Administration	
<input type="checkbox"/> Fully Insured Dental	<input type="checkbox"/> Self-Funded Dental	<input type="checkbox"/> Self-Funded Medical		

Current Medical Coverage

General

Renewal Date _____	Current PPO Network(s) _____
Number of Eligible Employees _____	Number of Participating Employees _____
Employer Contributions: Single _____ Family _____	

Fully Insured

Current Carrier _____	Renewal Increase _____		
Current Rates: Single _____	Employee & Spouse _____	Employee & Child _____	Family _____
Renewal Rates: Single _____	Employee & Spouse _____	Employee & Child _____	Family _____

Self-Funded

Current Administrator _____	Current Administrative Fee _____
Reinsurance Carrier _____	Effective Date w/ Carrier _____

Reinsurance

SPECIFIC REINSURANCE

Specific Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No Specific Deductible _____ Any Current Laser's? <input type="checkbox"/> Yes* <input type="checkbox"/> NO			
Rx Covered under Specific? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Contract Type (ex: 12/12, Paid/12 etc.) _____			
Current Rates: Single \$ _____ Employee & Spouse \$ _____ Employee & Child \$ _____ Family \$ _____			
Renewal Rates: Single \$ _____ Employee & Spouse \$ _____ Employee & Child \$ _____ Family \$ _____			

If Yes, please provide employee/dependent name, amount of laser, diagnosis

AGGREGATE REINSURANCE

Aggregate Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Rx Covered under Aggregate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Contract: _____		Current Aggregate Corridor (ex: 125%, 115%) _____	
Current Aggregate Premium \$ _____		Renewal Aggregate Premium \$ _____	
Current Factors: Single \$ _____ Employee & Spouse \$ _____ Employee & Child \$ _____ Family \$ _____			
Renewal Factors: Single \$ _____ Employee & Spouse \$ _____ Employee & Child \$ _____ Family \$ _____			

Requested IBS Passport Quote

<u>Specific Deductible Requested</u>	<u>Contract Type</u>	<u>Aggregate Corridor %</u>	<u>Aggregate Contract</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Cover Rx under Specific Coverage? Yes No
 Cover Rx under Aggregate Coverage? Yes No

Required Information For Medical Quote

<input type="checkbox"/> Census Information including: Age, gender, contract type, & zip code (if employees reside outside of the Milwaukee area)
<input type="checkbox"/> Current outline of benefits or SPD's including any amendments made during the experience period
<input type="checkbox"/> Claims Experience: 3 years of claims experience including average enrollment if group is currently fully insured; 3 years of month by month claims including monthly enrollment for self-funded groups.
<input type="checkbox"/> Large claim information for the experience periods provided
<input type="checkbox"/> List of any cobra participants/disabled employees or dependents (including age, gender, contract type, zip code, & cobra term date.)

Ancillary Coverages

Life and AD&D Insurance

Current Carrier _____	Renewal Date _____
Contributory <input type="checkbox"/> Yes <input type="checkbox"/> No Retirees Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is benefit for Retiree? _____	
Current Life Rate per \$1,000 \$ _____	Renewal Life Rate per \$1,000 \$ _____
Current AD&D Rate per \$1,000 \$ _____	Renewal AD&D Rate per \$1,000 \$ _____
Dependent Life Rate \$ _____	Renewal Dependent Life Rate \$ _____

Short Term Disability

Current Carrier _____	Renewal Date _____	
Current Rate \$ _____	Renewal Rate \$ _____	Contributory <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Eligible Employees _____	# of Participating Employees _____	

Long Term Disability

Current Carrier _____	Renewal Date _____	
Current Rate \$ _____	Renewal Rate \$ _____	Contributory <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Eligible Employees _____	# of Participating Employees _____	

Vision

Current Carrier _____	Renewal Date _____	
Current Rate \$ _____	Renewal Rate \$ _____	Contributory <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Eligible Employees _____	# of Participating Employees _____	

Dental

Current Carrier _____	Current Funding: <input type="checkbox"/> Fully Insured <input type="checkbox"/> Self-funded		
# of Eligible Employees _____	# of Participating Employees _____	Renewal Date _____	
Employer Contributions: Single _____	Family _____	Requested Funding: <input type="checkbox"/> Fully Insured <input type="checkbox"/> Self-funded	
Current Rates: Single _____	Employee & Spouse _____	Employee & Child _____	Family _____
Renewal Rates: Single _____	Employee & Spouse _____	Employee & Child _____	Family _____

Required Information For Ancillary Coverage Quote

- Census Information including: Age, gender, contract type (dental), Income, & Occupation
- Current outline of benefits or SPD's
- Claims Experience: 3 years of claims for fully insured dental, 3 years of STD & LTD claims for groups in excess of 200 eligible lives
- Large claim information for the experience periods provided
- List of any disabled employees or dependents or anyone not actively at work

Quotes will be provided 15 business days after complete information is received.