



Medical & Ancillary Quote Request Form
 Email completed form to quoting@midwestga.com or
 Fax to 847-640-8011

**Allow 24-48 business hours turnaround. Please fully complete the request form.
 Providing inaccurate or missing information will lead to delays.**

Today's Date:

Requested Effective Date:

Broker Name:
 Tax ID #: (UHC LF Only)
 Broker Agency Name:
 Broker Email:
 Broker Phone:

NAME OF BUSINESS:
 BUSINESS STREET ADDRESS:
 BUSINESS CITY, STATE, ZIP:
 BUSINESS COUNTY:
 BUSINESS PHONE NUMBER:
 NATURE OF BUSINESS/SIC:

What is the average number of employees (non-owners) employed on business days during the prior calendar year?: _____

*(count all EEs including part-time, union, seasonal and waivers)

What is the number of Full-time Eligible Employees?: _____

What is the number of Enrolling Employees?: _____

Current Carrier Information - Required if Group is Currently Covered

Current Renewal Date:
 Current Medical Carrier:
 Current Ancillary Carrier:
 Number of years:

Select the Products that you would like quotes for (use drop down boxes)

Medical
 Dental

Vision
 Life

STD
 LTD

Ancillary Products - ONLY

Voluntary
 Employer Sponsored

Select the Carriers that you would like quotes for (use drop down boxes)

Blue Cross Blue Shield
 UHC LF

National General
 Dearborn National

UNUM
 VSP