



MDIS4DDS.com

T 573-636-8752 | F 573-634-5770

Group Health Insurance Quote Information

Date \_\_\_\_\_
New/Replacement plan \_\_\_\_\_ Requested Effective date \_\_\_\_\_
Name of Company \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Work Telephone (\_\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_
Fax Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_
Current Health Carrier \_\_\_\_\_ Renewal date \_\_\_\_\_
Do you have a Summary Plan Document for your group health ins. plan? \_\_\_\_\_

Table with 7 columns: Employee, Gender, Date of Birth, Who is covered (see below), Dependent Date of Birth, Zip Code, Smoker status. Multiple empty rows for data entry.

Types of Coverage: E = Employee Only, ES = Employee & Spouse, EC = Employee & Children, FA = Family,
\* LO = Life Insurance Only or no coverage

\* Note all full time employees must be listed regardless of whether they are taking medical coverage.

Please fax this form back to MDIS at 573-634-5770.

A copy of our "Notice of Privacy Practice & Policies" is available upon request from the MDIS office or at the MDIS website www.MDIS4DDS.com.

Employers that offer health & welfare benefits (medical, dental, vision, group term life AD&D, STD, LTD, Wellness, EAP) and any voluntary benefits pre-taxed under Section 125 plan, must also comply with ERISA, and have a written plan document and summary plan description for these plans.

MDIS would be happy to assist you in setting up your ERISA compliance documents