

## NEW GROUP QUOTING CHECKLIST

Broker Name	Agency Name
Broker Phone	Broker Email
GA Name	GA Contact
GA Phone	GA Email

Thank you for your interest in a Protect Plans quote. Please email as attachments this form and the group census to [Quote@ProtectPlans.Info](mailto:Quote@ProtectPlans.Info)

### 1. General Information

Full Legal Name of Company / Plan Sponsor		
Street Address		
City	State	Zip
Industry	SIC	
Desired Effective Date: ____/____/____		
Employer zip code will be applied to employees if no specific zip code is provided for employees.		

### 2. Employee Census Using an Excel spreadsheet expedites your quote, but is not mandatory.

For each employee provide:

- Birthdate or Attained Age
- Gender
- Dependent Tier (Employee Only, Employee+Spouse, Employee+Children, Employee+Family)
- Work Location (If different from company headquarters)

### 3. Claims History Optional for currently self-funded groups and those with access to claims experience.

- Monthly Paid Claims and Corresponding Enrollment (For past 24 months.)
- Shock Loss Information (For claims paid at or above 50% of the specific deductible or, if unavailable, all claims over \$25,000.)
- Current Schedule of Benefits with List of Plan Changes (For past 24 months.)

### 4. Next Steps

Please submit the above material to [Quote@ProtectPlans.Info](mailto:Quote@ProtectPlans.Info). If additional information or clarification is required Strategic Underwriting Solutions LLC (SUS)<sup>1</sup>, the Protect Plan underwriters, will directly contact you or your general agent. You should expect your quote in about three business days.