

**Quote / Enrollment Questionnaire**

Phone: 866-297-7729 / Fax: 570-265-7758

**Business Contact Information**

Employer Name:		Contact Person:			
Address:	City:	State:	ZIP:	County:	
Phone:	Fax:	Email:	Affiliated Coop:		

**Current Business and Provider Information:**

Type of Business:	Years in business:	
Total # of employees working at least 30hrs / week:		
Total # of employees working at least 20 weeks / calendar year:		
Employer Waiting Period: <input type="checkbox"/> None <input type="checkbox"/> 30day <input type="checkbox"/> 60day <input type="checkbox"/> 90day Other (please specify):		
Current Carrier:	Years with Carrier:	
Current Plan: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Traditional <input type="checkbox"/> H S A	Current Deductible:	Renewal Date:
Current Broker:	ASA Broker (if applicable):	

**Coverage Levels**

<b>E</b> = Employee Only	<b>W1</b> = Coverage through spouse
<b>ES</b> = Employee & Spouse	<b>W2</b> = Other coverage (not through spouse)
<b>EC</b> = Employee & Child	<b>W3</b> = Voluntary Waiver - has no other coverage
<b>F</b> = Family	<b>W4</b> = Not eligible due to employer waiting period

Please list ALL FULL TIME employees that fall into an eligible employee class*	Date of Birth	Age	Gender	# of Children	Coverage Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

\* If insurance is only offered to certain classes of employees, list only the employees within each class on the application. An example of valid employee class distinctions could be Management and Laborer.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

By signing this form I agree that the information is accurate. I also understand that ASA reserves the right to alter the insurance proposal if the final enrollment information differs from the information provided to ASA on this Quote / Enrollment Questionnaire.

**Internal Office Use Only**

<b>Step 1: Select Quote Status</b>
<input type="checkbox"/> Preliminary Quote <input type="checkbox"/> Final Quote
<b>Step 2: Select quote type</b>
<input type="checkbox"/> Request for Standard Underwriting Quote
<input type="checkbox"/> Request for Standard Composite Quote
<input type="checkbox"/> Request for Standard Experience Quote
<b>Step 3: Select appropriate division</b>
<input type="checkbox"/> FHCW

**If Requesting a QUOTE ONLY**

Requested Effective Date:    /    /
<b>Step 1: Choose your carrier</b>
<input type="checkbox"/> Anthem
<b>Step 2: Choose your plan type &amp; deductible choices</b>
<input type="checkbox"/> POS
<input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> H.S.A.
<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
* Please refer to the application for available deductible options when completing this section.
** If requesting multiple quotes please list each deductible option and the carrier you're requesting i.e. Anthem - \$300, \$500, \$1,000, \$2,500, \$5,000

**Quote / Enrollment Questionnaire - page 2**

If this page is completed then Page 1 with the authorized signature MUST also be submitted

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32					

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**Authorized Signature**

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