CENSUS / QUOTE REQUEST FORM (please print legibly)

Agency Name:	**Contact:**
Street Address:	**Telephone:**
City:	**Fax:**
State: **Zip:**	**Current Carrier:**
Email:	**Number of Employees:**

❑ **Life With AD&D** (Guaranteed Issue up to $100,000 may be available with at least 5 employees and 100% participation)

- ❑ Plan A -- Employer select basic amount for employees in $10,000 increments up to $100,000; $_____
- ❑ Plan B -- 1x Earnings (up to $100,000)
- ❑ Plan C -- 2x Earnings (up to $200,000)

❑ **Long-Term Disability** (Guaranteed Issue may be available with 5 or more employees and 75% participation)

- ❑ Plan I (60% Monthly Earnings up to $10,000 max. monthly benefit)
- ❑ Plan II (66 2/3% Monthly Earnings up to $10,000 max. monthly benefit)

Elimination period: ❑ 60 days ❑ 90 days ❑ 180 days

Will employer pay for coverage? ❑ Yes ❑ No Percentage_____

❑ **Short-Term Disability** (Guaranteed Issue may be available with 5 or more employees and 100% participation)

- ❑ Plan I (13 week benefit, 70% of weekly earnings up to $500 per week)
- ❑ Plan II (26 week benefit, 70% of weekly earnings up to $500 per week)

❑ **Dental** (not available to single-employer agencies)

Employee Name	DOB	Gross Annual Salary	Additional Life for Employee	Smoker (yes or no)

To receive a quote, complete this form and return:

VIA FAX: (703) 783-8292

VIA MAIL: IIABA Employee Benefits
127 S. Peyton Street
Alexandria, VA 22314

Contact: Christine M Munoz
Manager, Employee Benefits
800-848-4401
christine.munoz@iiaba.net