

HOW TO GET A QUICK AND ACCURATE QUOTE

FAX: (309) 664-7787 • quotes@gmsil.com

Individual Major Medical

Over 65

▶ Ask for rate card

Under 65

- ▶ First Name
- ▶ Last Name
- ▶ Gender
- ▶ Date of Birth
- ▶ Smoker Y/N
- ▶ Dental Y/N
- ▶ Zip Code

Dependent Info: ▶ Name ▶ Date of Birth ▶ Gender

Group Major Medical

Name of Business

Location (zip code)

Phone Number

Type of Industry (or SIC code if known)

2-50

- ▶ Census
- Current benefits highlight sheet
- ▶ Renewal
- ▶ Most recent prior carrier billing

51+

- Census
- ▶ Current benefits highlight sheet
- Renewal
- ▶ Most recent prior carrier billing
- ▶ 2 yrs worth of loss ratio (if applicable)

Vision

10-50 or 500+ Total Eligible Lives

- ▶ State
- ▶ Rate Tiers 2. 3 or 4 tier
- ▶ Voluntary Employer pays less than 25%
- ▶ Non-Voluntary Employer pays greater than 80% or bundled with Medical/Dental
- ▶ Mixed Employer pays between 25% and 80%

Ancillary Lines

Group Life
Group AD&D
Group STD / LTD
Group Dental
Group Dep.Life
Voluntary Dep. Life
Voluntary STD / LTD
Voluntary Dental

Group Supplemental Life

2-99 lives

▶ Census:

Date of birth

Gender

Salary & salary mode

Class

- Dental tier & zipcode
- ▶ Copy of current benefit book or contract plan design
- Current rates
- ► Employer contribution for employees (and dependents)

100+ lives

• Census:

Date of Birth Gender
Benefit amount Occupation
Salary & salary mode Class
Dental Tier & zipcode

- ▶ Copy of current benefit book or contact and plan design
- Current rates
- ▶ Employer contribution for employees (and dependents)
- ▶ Premium & rate history for the last 3-5 yrs
- ▶ Paid claims history for the last 3-5 yrs
- ▶ Benefit changes in the last 3-5 yrs



(866) 531-7800 www.gmsil.com