



**Request for Large Group Dental Quote**

**Please provide the following information for groups whose total eligible employees exceed 100.** When complete, please return to the GemStar Underwriting Department via fax number 952-945-3409.

Today's Date:		Requested Effective Date:	
Name of Group			
Address		City	State
Zip			
Nature of Business			
Total Number of Employees			
Current Dental Carrier			
Number of Employees by Plan Distribution		Current Rates	
Employee Only		Employee Only	
Employee + Spouse		Employee + Spouse	
Employee + Children		Employee + Children	
Employee + Family		Employee + Family	

Please provide the following:

Current plan design

Two (2) years of paid premium history by month.

Two (2) years of paid claim history by month.

Agent Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_