



Request for Large Group Dental Quote

Please provide the following for groups whose total eligible employees exceed 100.

When complete, return to the Underwriting Department via fax at 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		Renewal Rates	
Employee Only		Employee Only		Employee Only	
Employee + Spouse		Employee + Spouse		Employee + Spouse	
Employee + Children		Employee + Children		Employee + Children	
Employee + Family		Employee + Family		Employee + Family	

Submit documentation/materials for the following:

Summary of Benefits or material outlining the current plan design

Two (2) years of paid premium history by month

Two (2) years of paid claim history by month

Number of covered lives by month

Agent Contact Information:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: _____