



Slattery GA

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

Request for Group Ancillary Benefits Quotation

*****ALL REQUESTS MUST INCLUDE CENSUS*****

NOTE: NOT ALL PLANS REQUESTED ARE AVAILABLE WITH EACH CARRIER.

Group Name: _____ Zip Code: _____ Effective Date: _____

SIC CODE AND/OR INDUSTRY (MANDATORY): _____

Broker Name: _____ Agency: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Current Carrier & Rates: _____ Renewal Date: _____
(PLEASE ATTACH CURRENT BENEFIT BOOKLET FOR 51+)

DENTAL COVERAGE

Horizon MetLife Guardian Oxford OBM UHC Bollinger Specialty Group

Deductible: \$0 \$25 \$50 \$100 Other: _____

Takeover: Yes No Waive Waiting Period: Yes No

Coinsurance:

In Network: Preventative _____% Basic _____% Major _____%

Out of Network: Preventative _____% Basic _____% Major _____%

Lifetime Max: \$1000 \$1500 \$2000 Other: _____

Ortho Benefit: Yes No Max: \$750 \$1000 \$1500

PLEASE NOTE: Completed forms can be emailed to shorthills.gbs.quote.ga@ajg.com or faxed to 973-921-2876



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Request for Group Ancillary Benefits Quotation (Continued)

Life Coverage

USABLE MetLife Guardian AIG

Coverage Amount: \$ _____ Schedule Amount Based on: Flat _____

Times Salary _____ (Need Salary on Census)

Class I _____ Class II _____ Class III _____ Class IV _____

Disability (job title and salary must be on census)

USABLE MetLife Guardian AIG

STD

Benefit Percentage: _____% Max Weekly Benefit: \$ _____ Max Benefit Period: _____ weeks

LTD

Has this group been in business for more than 2 years? Yes No

Benefit Percentage: _____% Max Monthly Benefit: \$ _____ Benefit Duration: _____

Elimination Period: 90 Days 180 Days Other: _____

NJ & NY TDB

Guardian

Vision

Superior Vision VSP UHC

Eye Exam Frequency: 12 Months 24 Months Other: _____

Frames Frequency: 12 Months 24 Months Other: _____

Lens Frequency: 12 Months 24 Months Other: _____

Contacts Frequency: 12 Months 24 Months Other: _____

Copayment: \$0 \$5 \$10 \$20 \$30 Other: \$ _____

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