



Slattery GA

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

Request for Group Medical Benefits Quotation- NY

Group Name: _____ **Broker Name:** _____

Requested Eff. Date: _____ **Group Zip:** _____

Current Plan/Carrier: _____ **Broker E-mail:** _____

SIC Code: _____

Available Carriers (check choices)

Carriers: Empire Emblem (GHI/HIP) UnitedHealth/Oxford

 Aetna CIGNA

Plan Choices (check choices)

Metallic Tier: Bronze Silver Gold Platinum

Level Funded Options: Oxford All Savers Aetna Level Funded CIGNA Level Funded

Product Choices (check choices)		Network Choices (check choices)	
<input type="checkbox"/> EPO	<input type="checkbox"/> PPO	<input type="checkbox"/> National	
<input type="checkbox"/> HMO	<input type="checkbox"/> HSA	<input type="checkbox"/> Regional	
		<input type="checkbox"/> Local (NY Only)	

Rider Choices (check choices)

<input type="checkbox"/> Pediatric Vision	<input type="checkbox"/> Pediatric Dental
<input type="checkbox"/> Dependent to 29 (OXHP Only)	<input type="checkbox"/> Standard Vision Rider (OXHP Only)
<input type="checkbox"/> Domestic Partner (OXHP Only)	<input type="checkbox"/> Standard Dental

Please note: Not all carriers offer all of the above options. Completed forms can be emailed to ShortHills.GBS.Quote.GA@ajg.com or faxed to (973) 921-2876. Questions regarding your quotes should be directed toward your Slattery GA representative.