# BIAW Health Insurance Program Quote Request

If you would like to receive information on health insurance plans, complete both pages and fax to:


**Sales Consultants**
**Capital Benefit Services, Inc**
**15375 SE 30th Place, Suite 380, Bellevue, WA 98007**

FAX: **(425) 643-6728**
PHONE: **(800) 545-7011 ext. 6**
EMAIL: sales@epkbenefits.com


**In order to obtain a quote, our carriers require all sections of this form to be completed.**

***Please let us know how you heard about the BIAW Health Insurance Trust***

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## Group Information

| | |
|---|---|
| Company Name: | Phone: |
| Contact Person: | Fax: |
| Address: | Email: |
| City, State, Zip: | Date Business Started: |
| Nature of Business: | SIC Code: |

Are you a member of the Building Industry Association of Washington? ☐ Yes ☐ No

If yes, please provide: Membership ID# Member Since:

**I authorize the BIAW Trust Consultants (Capital Benefit Services, Inc.) to provide our company with a proposal for the BIAW Trust.**

Authorized Representative: Date:

## Current Health Insurance

☐ Group Medical ☐ Group Dental ☐ Individual Policies ☐ None

CURRENT INSURER_____TRUST / PROGRAM_____RENEWAL DATE_____

*Please attach a summary of benefits of your current medical (and dental if applicable) plan **or** provide the following:*

Benefit Level (80/20):_____ Copay:_____ Deductible:_____ Rx Benefit:_____

| | CURRENT RATES | | RENEWAL RATES | |
|---|---|---|---|---|
| | Medical / Rx Drugs | Dental | Medical / Rx Drugs | Dental |
| *Employee* | | | | |
| *Spouse* | | | | |
| *Single Child* | | | | |
| *Children* | | | | |

**What percentage do you pay toward the cost for Employees? _____% Dependents?_____%**

*(The company must pay a minimum of 75% for employees, there is no requirement for dependent(s) contribution).*

## Employee Census

**Please include all Eligible Employees; Eligible Employees include all full-time, active employees and owners who have satisfied your company's probationary period for insurance coverage. Please include additional census if your company has 21 or more employees.**

| SEX M/F | DATE of BIRTH | DEPENDENTS Spouse | 1CH | 2+CH | SEX M/F | DATE of BIRTH | DEPENDENTS SP | 1CH | 2+CH |
|---|---|---|---|---|---|---|---|---|---|
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