

UHC Quoting - Checklist

UHC Account Executive: Amy Wiljanen

Company Name: _____ **Multi Site:** ___ Yes ___ No

Company Address: _____

City, State & Zip _____

Company SIC: _____

Current Carrier: _____ **# Yrs w/ Carrier**

Current Rates:	Renewal Rates:
Single	if available
EE + Sp	
EE + Child/ren	
EE+ Family	

Proposed Employer Contribution (medical):

% for Employee:

% for Dependents:

Total # of Employees (Full Time & Part Time): _____

Total # Eligible Employees: PLEASE PROVIDE CENSUS IN

Total # Active Employees: STANDARD EXCEL FILE

Total # Waiving: _____

Requested Effective Date: _____ **Renewal Date:** _____

Requested Plan Design(s): Dual Option: _____ Yes _____ No

Medical:

Dental: _____

Vision: _____

Life: _____

STD: _____

LTD: _____

Agent Name: _____

Agency Name: _____

Agency Address: _____

City, State, Zip Code: _____

Agent Phone Number: _____

Agent Email Address: keithwright@charterninternet.com

Comments: