# Request For Quote

ORCA BAY BENEFITS

## General Information

| | | |
|---|---|---|
| Company Name: | Years in Business: | |
| City: | Phone Number: | Zip Code: |
| Industry: | Fax Number: | SIC Code (if known): |
| | Email Address: | |
| Requested Effective Date: | | |
| Current Coverage Renewal Date: | | |

## Current Medical Coverage

| | |
|---|---|
| Carrier /plan name: | |
| Name of insurance plan if known (e.g., Regence Selections or Premera Pruden Buyer): | |
| Deductible /individual | |
| Office Visit Co-pay | |
| Prescription Co-pay or Co-insurance | |

Note: If you want to attach your current rates (and renewal rates if known) we encourage you to do so. It is up to you but with certain health insurers, it is often to your advantage to provide these rates especially if you have 10 or more employees to cover by the business. You can attach your monthly statement if you wish or simply write them on a separate sheet of paper and submit. Also, if we know what you are paying for health coverage, our quote back to you will provide a comparative analysis to show the monthly and annual difference in cost.

## Current Dental Coverage

Carrier / plan name:

Deductible: _____ per Individual  Maximum annual benefit _____

_____ per Family

## Current Vision Coverage

Carrier:

| | |
|---|---|
| Exam: | |
| Lenses: | |
| Frames: | |

## Orca Bay Benefits Contact Information


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