TRILOGY BENEFITS

Group Quote Form

Name of Company: _____

Contact Name/Title: _____

Address: _____

E-Mail Address:_____ Phone Number:_____

Nature of Business: _____

What type of plans are you interested in having us quote? High deductible? Health Savings Account options? Plans with lower deductibles/copays? _____

_____

Census Detail Format – All Employees

Male/Female	Date of Birth	Date of Hire	Occupation	Residence Zip	Status*	FT/PT

***Status: EE = employee only; ES = employee/spouse; EC = employee/child(ren); EF = employee/family; W = waiver on other insurance; NE = not eligible for benefits**

If your group is 51+ employees, we will advise what other information we will need to quote. For example, health information known on group, claims experience, if available, etc.

Please send completed form to:
Email: trilogybenefits@trilogybenefits.com Or Fax to 303.745.4606
We will call as soon as we have plans/numbers to share with you, which normally is within 5-7 business days. Again, thank you for choosing Trilogy Benefits to quote your group benefits.
We look forward to working with you.

"Small enough to know you; large enough to serve all your benefit needs."