

Thank you for choosing Black, Gould & Associates to obtain your group quote. We truly appreciate your business. Below you will find some general guidelines and instructions for filling out the attached forms. Please feel free to call us if you have any questions or need anything at all. Thank you.

### **Group Quote Request Form**

The following fields are required on this form in order to process your quote in a timely manner.

- Group information including their address and zip code
- Your information
- The requested benefits (for medical, we need to know the plan the group is interested in – for example: HMO, PPO, HSA, etc) as well as deductibles.
- For ancillary lines of business, please denote if the group wants voluntary coverage and include the requested life amount to quote if you are requesting life.
- If requesting LTD & STD, each employee's occupation and salary is required in order to quote.
- If requesting a specific carrier, please indicate in the appropriate field.
- The following are all required under the Current Information section. Failure to fill in any of these fields could result in a delay in processing.
  - Number of employees
  - Advise if it is a carve out
  - The waiting period
  - Employer contribution
  - Effective date
  - Are all employees in AZ or Out of State
  - Nature of Business
  - Years in Business
  - Current carrier (if applicable) and the number of years with that carrier
  - Number of locations

### **Universal Family & Medical Questionnaire Form**

This form is required for all groups with 2 – 25 lives. Each employee and their dependents applying for health coverage (including COBRA) must complete this form and submit it along with the group quote request form. If you are submitting the Universal Family & Medical Questionnaire, you do not need to submit the Employer Medical Questionnaire. **Please be aware that this form is required for groups with 2 – 50 lives from the following carriers: American Community and Humana.**

### **Employer Med Questionnaire 26+ Lives Form**

This form is required for all groups with 26 or more lives (except with American Community and Humana. This form would be used for groups 51+ in these cases). This form is specific to the group as a whole and does not require that each employee fill it out.

### **Quoting Time:**

Groups with no medical conditions on average take 2-3 business days to disclose

Groups with medical conditions on average take 5-7 business days to disclose

Multi-location/Out-of-state groups on average take 7-10 business days to disclose

PLEASE NOTE: Final rates are subject to underwriting. Also, your spreadsheets will reflect the rates based on the information submitted. However, in an effort to eliminate duplicate efforts, which would in turn slow down quote turnaround time, we will only provide one style of quote. In other words, we will not provide a clean quote, and then requote the group taking medical into consideration. Additional rates will only be provided upon receipt of a complete group enrollment packet for the chosen carrier.