

# Small Employer Group Insurance



## **Great news! You can now take advantage of more choices and flexibility.**

- Benefits can be purchased separately by most small businesses
- HMO plans available, including “Open Access” plans
- Most plans are available to small businesses with 2–50 employees

## **Health Maintenance Organization (HMO)**

With this HMO, you’ll have access to some of the finest doctors and hospitals through a large local network of participating providers . . . and you DO NOT have to choose a primary care physician. Plus, unlike other HMOs, you won’t have to get a referral to see a specialist.

Services include prescription drugs through a participating doctor and pharmacy; preventative care; well-baby care; low co-payments for in-network services; worldwide emergency room care; optional non-network benefits and more.

## **Preferred Provider Organizations (PPO) and Point of Service (POS) plans are also available.**

**Please note:** All underwriting companies represented are rated A- or better by A.M. Best & Co. Plan availability may vary depending upon the state.

## **Dental Insurance**

Available as a separate plan if your firm has two or more employees, or can be added to the health insurance plan as an additional benefit with five or more employees.

Benefits vary, but a typical plan offers a low \$50 deductible, 100 percent preventative care, 75 percent basic care and 50 percent major care up to an annual maximum of \$1,000 per covered person per calendar year.

## **Term Life Insurance with AD&D**

This option is available without health insurance to groups of two or more employees—up to \$100,000 of coverage per employee. Dependent coverage may also be purchased. Coverage is also available with health insurance—up to \$50,000 of coverage per employee.

# Small Employer Group Insurance Quote Request Form



**For plan details and rates based on your company's demographics:**

1. Complete the information below
2. Include your company's census information.
3. Provide a copy of the Schedule of Benefits from your current group insurance certificate(s), if possible.
4. Fax to 515-365-0681 Attention: Life and Health Admin Team

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State ZIP

Contact Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Title: \_\_\_\_\_

Association: \_\_\_\_\_ IEEE \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I am interested in a quote for the following group benefit programs:**

	<i>Is this coverage currently offered?</i>		<i>If yes, number of years w/current insurer?</i>
	YES	NO	
<input type="checkbox"/> Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____

Number of years in business: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Number of business locations: \_\_\_\_\_

**Group census – full-time employees only** (if more than 10 employees, include separate census attachment).

	Male	Female	Age or DOB	Coverage Code*
#1	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#2	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#3	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#4	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#5	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#6	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#7	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#8	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#9	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
#10	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**For any questions concerning requirements on rate quote, please call AMBA toll-free: 1-855-345-0538**

**NOTE: The information you furnish will allow us to evaluate current plan options and provide the most competitive rates.**