The Miller & Wade Group, Inc.
Insurance, Investments, Business & Financial Services

St. George Area Chamber

GROUP HEALTH QUOTE REQUEST (2-50 EE's)

COMPANY NAME: _____ DATE: _____

COMPANY CITY/PHONE: _____

NATURE OF BUSINESS/INDUSTRY: _____

PROPOSED EFFECTIVE DATE: _____

EMPLOYEE CENSUS INFORMATION:

NAME	EE BDATE*	SP BDATE*	TIER**	CH***

*** EE BDATE = Employee's Birthday and SP BDATE = Spouse's Birthday**

**** Single, Two-Party or Family**

***** Number of Children**

REQUESTED BY: _____

PLEASE FAX PROPOSAL TO: _____

PLEASE EMAIL PROPOSAL TO: _____

Please send all quote requests to:

Miller & Wade Financial Group
Attn.: Wendy Rogers
63 S. 300 E., #201
St. George, UT 84790

Phone: (435) 634.7333
FAX: (888) 205-0247
Email: wendy@millerwade.com

PLAN FEATURES/OPTIONS

(Check appropriate box)

Office Visit Copay Option:

- ☐ Yes
- ☐ No

Prescription Copay Option:

- ☐ $10/$30/$50 Copay
- ☐ $10/$35/$60 Copay
- ☐ $10/$25/$40 Copay
- ☐ $10/$30/$50 Copay after $100 Ded.*
- ☐ $10/$30/$50 Copay after $250 Ded.*

** Deductible applies to each covered person within each family.*

Deductible Option*:

- ☐ $250/$500 Deductible
- ☐ $500/$1,000 Deductible
- ☐ $1,000/$2,000 Deductible
- ☐ $1,500/$3,000 Deductible
- ☐ $2,000/$4,000 Deductible
- ☐ $2,500/$5,000 Deductible
- ☐ $3,000/$6,000 Deductible
- ☐ $5,000/$7,500 Deductible

** In-Network/Out-of-Network Deductible - Up to 3 per family*

Coinsurance:

- ☐ 90%/10% after deductible
- ☐ 80%/20% after deductible
- ☐ 70%/30% after deductible

Dental:

- ☐ $1,200 Maximum Annual Benefit
- ☐ $1,500 Maxiumum Annual Benefit

Life Insurance:

- ☐ $50,000 Death Benefit
- ☐ $100,000 Death Benefit
- ☐ $_____ Death Benefit