

**Group Quote Request Form**

Return via email to quotes@agchealthplansnw.com

Questions? (866) 298-8264

|  |  |  |  |
| --- | --- | --- | --- |
| Date Submitted: |       | Eff Date Requested: |       |
| Agent: |       | Agent Phone: |       |
| Agency: |       | Agent Email: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Group Name: |       | Business Type: |       | SIC: |       |
| Address: |       | Phone: |       |
| City: |       | State: |    | ZIP: |       |
| Current AGC Member? | Yes [ ]  No [ ]  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Current Coverage*** | Plan 1 |  | Plan 2 |  | Plan 3 |
| Carrier: |       |  |       |  |       |
| Renewal Date:  |       |  |       |  |       |
| Office Visit Copay: | $      |  | $      |  | $      |
| Hospital Copay: | $      |  | $      |  | $      |
| Deductible: | $      |  | $      |  | $      |
| Coinsurance %: |      % |  |      % |  |      % |
| Max Out of Pocket: | $      |  | $      |  | $      |
| Pharmacy Benefit: |       |  |       |  |       |
| ***Rates*** | Current |  | Renewal |  | Current |  | Renewal |  | Current |  | Renewal |
| Employee: | $      |  | $      |  | $      |  | $      |  | $      |  | $      |
| E+ Spouse: | $      |  | $      |  | $      |  | $      |  | $      |  | $      |
| E+ Children: | $      |  | $      |  | $      |  | $      |  | $      |  | $      |
| E+Family: | $      |  | $      |  | $      |  | $      |  | $      |  | $      |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Total Employees:*** |       |  | ***Employer Contribution to Premium*** |
| Waiving Employees: |       |  | Employee: |      % |
| Ineligible Employees: |       |  | Dependents: |      % |
| Out of Area Employees: |       |  |  | * OR -
 |
|  | Defined Contribution: | $      per employee |