

Email quotes to nevadaquotes@wordandbrown.com or fax to 800.700.6744

BROKER INFORMATION

Broker Name:
Agency:
Address:
City: , NV Zip
Check if new address
Broker Code (if known):
Broker License Number:
Phone: Fax:
Email Address:

PROPOSAL TYPE

- Summary Proposal
Custom Proposal
Employee Choice

Product Type

- Medical (All)
Aetna Funding Advantage (10+)
Anthem Blue Cross Blue Shield
Cigna (25+)
EDIS
National General
Prominence
Dental
Vision
Life*
LTC*
LTD*
STD*

Medical Benefit Type

- All HRA PPO
HMO HSA POS

PLAN DESIGN - SELECTIONS FOR PPO PLANS

- All Plans
Specific Range

*NOTE: Colonial Worksite Ancillary Products will be offered to all group members at open enrollment. Products to be offered (may select minimum 2 or all):

- Disability
Critical Illness
Accident
Term Life
Cancer
Whole Life

Initial Here ONLY If Group wishes to REFUSE Colonial worksite Product Offerings.

CURRENT COVERAGE INFORMATION

Current Health Plan:
Current Premium:
Current Plan Type:
Are you with a PEO?
Does group have current dental coverage?
If yes, number of years: % participation:

DELIVERY OPTIONS

- Pick-up - Las Vegas
Email to:
Mail complete proposal
Fax to:
Have Representative call me at:

BUSINESS/GROUP INFORMATION REQUIRED INFORMATION

Company Name:
Company Zip: Company County:
Nature of Business:
Number of Full-time employees (30+ hours/week):
Percent of costs to be paid by Employer:
Type of Employees to be quoted:
Desired Effective Date:

- 1. Company Structure:
2. More than one location?
3. Any employees paid by commission (and/or) paid as independent contractors?
4. Any COBRA participants previously employed by you?
5. Employees living Out-of-State?

Fax completed census to:

Las Vegas
7201 West Lake Mead Blvd., Suite 220,
Las Vegas, NV 89128
800.606.4996
Fax 800.700.6744

