

# NMTA Health Insurance Program Quote Request

If you have 4 or more employees and would like to see savings on group insurance, complete these forms and fax to:

**Sales Consultants**  
**Capital Benefit Services, Inc.**  
 15375 SE 30th Place, Suite 380, Bellevue, WA 98007

FAX: (425) 643-6728  
 PHONE: (800) 545-7011 ext. 6  
 EMAIL: [sales@epkbenefits.com](mailto:sales@epkbenefits.com)

**In order to obtain a quote, our carriers (Regence BlueShield & Group Health) require all sections of these forms to be completed.**

Group Information

Company Name:	Phone:
Contact Person:	Fax:
Address:	Email:
City, State, Zip:	Type of Business:
Are you a member of the Northwest Marine Trade Association ? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If yes, please provide:      Membership ID#	Member Since:
----- I authorize the Trust Consultants (Capital Benefit Services, Inc.) to provide our company with a proposal for the MBA Trust.	
Authorized Representative:	Date:

Current Health Insurance

Group Medical     
  Group Dental     
  Individual Policies     
  None

CURRENT INSURER \_\_\_\_\_ TRUST / PROGRAM \_\_\_\_\_ RENEWAL DATE \_\_\_\_\_  
*Please attach a summary of benefits of your current medical (and dental if applicable) plan or provide the following:*

Benefit Level (80/20): \_\_\_\_\_     
 Copay: \_\_\_\_\_     
 Deductible: \_\_\_\_\_     
 Rx Benefit: \_\_\_\_\_

	CURRENT RATES		RENEWAL RATES	
	Medical / Rx Drugs	Dental	Medical / Rx Drugs	Dental
<i>Employee</i>				
<i>Spouse</i>				
<i>Single Child</i>				
<i>Children</i>				

What percentage do you pay toward the cost for Employees? \_\_\_\_\_% Dependents? \_\_\_\_\_%  
*(The company must pay a minimum of 75% for employees, there is no requirement for dependent(s) contribution).*

Employee Census

Please include all Eligible Employees; Eligible Employees include all full-time, active employees and owners who have satisfied your company's probationary period for insurance coverage. Please include additional census if your company has 21 or more employees.

SEX	DATE of BIRTH	SP	DEPENDENTS		SEX	DATE of BIRTH	SP	DEPENDENTS	
			1CH	2+CH				1CH	2+CH

**PLEASE SEND MY CUSTOM QUOTE VIA EMAIL**

(If you are requesting an email response for a quote, please verify your email address at the top of the page)

