

REQUEST FOR QUOTATION - RI FOR GROUPS OF 1 - 50 ELIGIBLE EMPLOYEES



In order for Tufts Health Plan to provide a quote for your company, please complete this form and return it as soon as possible to: colleen_stankard@tufts-health.com.

Company name: _____ Date Received: _____

Address: _____ Total # of Eligibles: _____

Zip Code: _____ Desired Effective Date: _____

Telephone #: _____ Date Requested to Rep: _____

Fax #: _____ Employer Contributions: _____

E-mail address: _____ Ind: _____ Fam: _____

Contact name: _____ Comments: _____

Broker name: _____

Present Carriers	Ind Rates (Current)	Fam Rates (Current)	Ind Rates (Renewal)	Fam Rates (Renewal)	Plan Description
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMPLOYEE CENSUS DATA

Please list all employees as well as their dependents who are eligible for group health care benefits. If an employee is eligible, but waives coverage through your group plan, please indicate the reason in the "Reason for Waiver" column. Please document all employees covered through spousal coverage under "Reason for Waiver" as well.

Employee Name	DOB	Relationship	Reason for Waiver	ZIP Code	Gender	Cobra
1.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Name or Code	DOB	Relationship	Reason for Waiver	ZIP Code	Gender	Cobra
14.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
38.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.		<input type="checkbox"/> Subscriber <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No