

Smart Choices Quote Request Form

Broker Information (required to request a quote)

| | | | |
|--------------------|----------------|-----|------|
| Brokerage Firm: | Producer Name: | | |
| Address: | City: | ST: | Zip: |
| Proposal Due Date: | Commission: | | |
| Existing BOR: | | | |

Company/Client Information (required to request a quote)

| | | |
|--------------------------------|--------------------------|-------------|
| Name: | Industry: | SIC: |
| Address: | City: | ST: Zip: |
| Effective Date: | Eligible Employees: | |
| Eligibility Period (in hours): | Probation Period Length: | |
| Employer Contribution: | Employee: | Dependents: |

UnitedHealthcare Medical

| | |
|--|--|
| Choice Plus Traditional with Deductible - 20/250/80% Plan LP1 Modified | |
| Choice Plus Traditional with Deductible - 25/500/80% Plan LOV Modified | |
| Choice Plus Balanced - 35/1500/80% Plan LQ1 Modified | Choice Plus Balanced - 30/1500/70% Plan LR4 Modified |
| Choice Plus Balanced - 35/2000/70% Plan LR9 Modified | Choice Plus Balanced - 30/3000/80% Plan LRN |
| Choice Plus Balanced - 30/750/80% Plan LQN | Choice Plus HSA - 2500/80% Plan LYT Modified |
| Navigate - 20/1000/80% Plan MGO Modified | Navigate - 30/2000/80% Plan MGZ Modified |
| Navigate HSA - 5000/80% Plan MKN Modified | |

Delta Dental of Washington

| | | |
|----------------------------|------------------------------|------------------------------|
| | Group | Voluntary |
| Gold Plan Delta Dental PPO | Silver Plan Delta Dental PPO | Bronze Plan Delta Dental PPO |

VSP Vision

| | | |
|----------------------------|----------------------------|----------------------------|
| | Group | Voluntary |
| Choice Plan A - (12/24/24) | Choice Plan B - (12/12/24) | Choice Plan C - (12/12/12) |

Peak1 Tax-Advantaged Accounts

| | | | | | |
|----------|---------------|----------------------|------------|-----|-------|
| New Plan | Takeover Plan | Current Enrollment: | Debit Card | Yes | No |
| | FSA/DCAP | Parking/Mass Transit | HRA | HSA | COBRA |

The Standard Income Replacement and Life Insurance

| | | |
|---------------------------------|--------------------------------|------------------|
| Short-Term Disability Insurance | Long-Term Disability Insurance | Contributory |
| Employee Paid Life and AD&D | Spouse Life and AD&D | Non-Contributory |
| Employer Paid Life and AD&D | Child Life and AD&D | Percentage: |

Required Information

- 1. Complete Peak1 SmartChoices Census Spreadsheet**
- 2. Claim Information (Medical Only):**
 - HRQ (if group has no experience or has been under 100 eligible recently)
 - 24 month listing of large claimants or ongoing medical conditions including diagnosis and prognosis
 - 24 months of claim experience (month by month) with enrolled members by month
 - Most recent rolling 12 months of large claims
- 3. Rate Information (Medical and Life):**
 - Current rates
 - Renewal rates
 - Years with current carriers
 - Current Cobra Rates