

# Resurrection Affiliated Physicians' Health Insurance Initiative

For Resurrection Physicians, Their Employees and Families

## REQUEST FOR QUOTE - CENSUS - EMPLOYEE DATA SHEET

Name	Gender	Age	S	E+S	E+C	FAM

\*Key: S: Single, E+S: Employee + Spouse, E+C: Employee + Children, FAM : Employee, Spouse + Children

Health Plan(s): Circle your Preferred Health and Dental Plan Options and Deductible Amounts for your Group below:

Preferred Provider Option (PPO)	Deductible:	\$300	\$500	\$1000	\$2000	\$3000
Coinsurance Option A	Resurrection/In Network/Outside Network:	80%	60%	50%	N/A	N/A
Coinsurance Option B	Resurrection/In Network/Outside Network:	90%	80%	50%	N/A	N/A
Coinsurance Option C	Resurrection/In Network/Outside Network:	100%	90%	50%	Only Deductible Options Are: \$2500 or \$5000	N/A
Health Savings Account (HSA)	Individual Deductible:	\$1800	\$2900	N/A	N/A	N/A
	Family Deductible:	\$3600	\$5800	N/A	N/A	N/A
Dental Plan	Deductible:	\$50	N/A	N/A	N/A	N/A

Name of Group:	
Contact Person:	
Street Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Email Address:	
How would you like to receive your proposal? Email    Fax	
YOU MAY FAX THIS FORM TO STEVE GUARINO @ 630-982-8146	

**Please contact Steve Guarino @ 888-552-8880 or by email [steve@thewealthadvocate.com](mailto:steve@thewealthadvocate.com) for program information or assistance completing this form.**