

# Resurrection Affiliated Physicians' Health Insurance Initiative

For Resurrection Physicians, Their Employees and Families

## REQUEST FOR QUOTE - CENSUS - EMPLOYEE DATA SHEET

Name	Gender	Birth date	S	E+S	E+C	FAM

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

# Resurrection Affiliated Physicians' Health Insurance Initiative

## For Resurrection Physicians, Their Employees and Families

Name of Group:	
Contact Person:	
Street Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Email Address:	
<p>Quote will be sent to email address indicated above.  <b>YOU MAY FAX THIS FORM TO STEVE GUARINO @ 630-982-8146</b></p>	

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

**Preferred Provider Plan Options:**

(Resurrection Network / PHCS Network / Out of Network)

PPO with Coinsurance Option A ( 80% / 60% / 50% ):

Deductible:    \$300                \$500                \$1000                \$2000                \$3000

PPO with Coinsurance Option B ( 90% / 80% / 50% ):

Deductible:    \$300                \$500                \$1000                \$2000                \$3000

PPO with Coinsurance Option C ( 100% / 90% / 50% ):

Deductible:    \$2500                \$5000

**Health Savings Account Options**

(Individual Deductible / Family Deductible)

HSA Deductible:                \$1800 / \$3600                \$2900 / \$5600

**Dental Plan:**

\$50 Deductible:                Yes / No

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.