REICHERT FINANCIAL

DATE/TIME:

REFERRED BY:

BUSINESS PROFILE: HEALTH INSURANCE QUOTE REQUEST

Business Information:

BUSINESS NAME

CONTACT PERSON

EMAIL ADDRESS

PHONE NUMBER

CURRENT NUMBER OF FULL TIME EMPLOYEES

CURRENT NUMBER OF PART TIME EMPLOYEES

MAILING ADDRESS:

ADDRESS

CITY, STATE

ZIP

NATURE OF BUSINESS

TAX ID # / EIN #

Current Benefits:

DO YOU CURRENTLY OFFER BENEFITS? Y / N

EMPLOYEES ENROLLED

EMPLOYEES WAIVED

CURRENT INSURANCE COMPANY:

REQUESTED EFFECTIVE DATE:

ADDITIONAL NOTES:

Please complete the Employee Information Table on the back of this form.

In order to provide the best apples to apples comparison to your current coverage, if any, we ask that you provide us your most recent renewal packet including plan designand premium information.

Preferred Benefit Design:

BENEFIT(S) TO INCLUDE IN PLAN:	*EMPLOYER CONTRIBUTION?*
☐ MEDICAL	
☐ DENTAL	
☐ VISION	
☐ LIFE INSURANCE	
☐ LONG TERM CARE	
☐ LONG TERM DISABILITY	

**Minimum required is 50% of the EE Medical portion. All other benefits can be elected to be offered at 100% cost to the employee (Voluntary).*

The employer can choose to pay as much as they want above the required 50% minimum as an added benefit to their employees.

FOR MORE INFORMATION CONTACT US:
Jennifer Reichert Lindsay | jennifer@reichert-financial.com | (419) 931-0749

REICHERT FINANCIAL SERVICES
28350 Kensington Lane, Suite 300
Perrysburg, OH 43551

REICHERT
FINANCIAL

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HEALTH INSURANCE QUOTE REQUEST FORM CONTINUED...

Please fill out the following information needed for your quote

FIRST NAME	LAST NAME	SEX	DATE OF BIRTH	MARITAL STATUS	TOBACCO? YES / NO	HOME ZIP	FULL TIME PART TIME?	RELATIONSHIP?	COVERAGE SELECTION*	MEDICAL WAIVE REASON**

*COVERAGE SELECTION: (**EE**, **EE+SP**, **EE+CH**, **FAMILY**, or **WAIVE**)

MEDICAL WAIVE REASON: (INDIVIDUAL**, **SPOUSAL**, **PARENTS**, **MEDICARE**, **MEDICAID**, **TRICARE**, or **NONE**)