



## Quote Information

### Information Necessary to Prepare a Quote

1. Name of Prospece with City, State, Zip Code, Standard Industry Code (SIC) or nature of business
2. Employee census showing sex, age or date of birth, and dependent status (Employee, Employee/Spouse, Employee and Child(ren) and Family).
3. If multiple locations, please show number of employees at each location and corresponding zip codes.
4. Current plan of benefits.
5. Current and renewal rates.
6. Claims experience for at least the most recent 12 months (required for 100+ lives unless prior exception granted by GroupLink).
7. Any plan changes in the prior three years.
8. Level of employer contribution.
9. Current participation

This information has been requested in order to provide you with the most complete offer for your prospect. Our goal is to provide you with the most efficient, accurate and competitive proposal available. Thank you for allowing us the opportunity to serve you. Please send all quote requests to:

GroupLink Underwriting  
6612 E. 75th Street, Suite 200  
Indianapolis, IN 46250

Fax to: 317-578-7315 or 888-259-9889

Email to: [underwriting@grouplinktpa.com](mailto:underwriting@grouplinktpa.com)

**“UNITING PEOPLE AND BENEFITS”**