



RFP—Group Info Sheet

1141 N. Loop 1604 E., Ste 105-428, San Antonio, TX 78232
Office: (210) 545-0667 Fax: (210) 545-3766
Email: MONIQUE@ZINNINSURANCE.COM

Requested Effective Date: _____
Quotes Needed By: _____

Please Send Proposal by: EMAIL

Name of Company: _____
Contact Person of Group: _____
Phone: _____ Fax: _____ Email: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Address 2: _____
Tax ID: _____ Workman's Comp: yes/ no Owners Covered: yes/ no
Nature of Business/ SIC Code: _____ When Estab.? /Yrs in Bus. _____

Total # of Employees: _____	Current Medical Carrier: _____
Full Time Emp: _____	Current Benefits: _____
Part-Time Emp: _____	_____
Cobra Participation: _____	Employee Carve Out: yes/ no
# Covered Elsewhere: _____	Employer Contribution: _____
# In waiting Pd: _____	Employee _____ % or \$ _____
Number to be quoted: _____	Dependent: _____ % or \$ _____

Health Statements Attached?: yes no Multit. Location?: yes no
Where: _____

To Be Quoted:

PPO: _____	Co-Insurance: _____	Dental: 100/80/50 & other _____
HMO/ POS _____	Maternity: yes no	U&C: 80% 90%
Indem: _____	24 hr Coverage: yes no	Takeover: YES NO
HSA/ HRA _____	Wellness: yes no	Ann. Max: _____
Dental: _____	_____	Ded: _____
Vision: _____	Life/Face Amounts: _____	Perio./ Endo: basic major Both
Life: _____	STD: _____ LTD: _____	Ortho: yes no
Disability: _____	_____	Waive Ded. /Preventative
LTC: _____	_____	Other: _____

Comments: _____

Thank You!!