Small Group Quote Request Form

ALL FIELDS MANDATORY

Revision 8.7.17

ARMS Insurance Group LLC
3000 Lento Blvd
Bethel Park, PA 15012
(412) 835-9100
www.ARMSins.com

Broker Name
Broker Agency
Email Address
Phone (10 digit)

Effective Date

Company Name
Address Line 1
Address Line 2
City
State
Zip Code
County

Additional Questions	
	PA Act 4
	HIPAA Type
	Domestic Partnership
	Association
	Previous UPMC Group

Additional Company Info
Federal Tax ID
Business Start Date
Sic Code
Industry Description
Workers' Comp Carrier

Company Admin Name
Email Address
Phone (10 digit)

Ancillary Carrier Listing	
	Guardian
	Metlife
	Principal
	Dearborn National
	Reliance Standard
	UNUM

Current Employee Count
# of FT Eligible Employees
# of Part Time Employees
# of Seasonal Employees

Quote Details
Current Medical Carrier
Current Dental Carrier
Current Vision Carrier

"X" the carriers & products that you would like proposals for

	Medical (FI)	Level Funding	*Dental*	*Vision*	*Life*	*Disability*
Aetna		1				3
Highmark						
United Healthcare		2				3
UPMC						
ANCILLARY QUOTES (See Carrier Listing Above)						3

1 - Needs 6 employees enrolling to quote. Groups with 5-14 enrolling, or virgin coverage, will require MQ's
2 - Needs 5 employees enrolling to quote. Groups with 5-19 enrolling, or virgin coverage, will require MQ's
3 - For Disability Quotes, Salary and Occupation is required

Employee Count - Previous Calendar Year														
Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Average**
Full Time														
Part Time														
Seasonal														
Total														

INSTRUCTIONS for how to calculate the Group's Total Average Employee Count

SAMPLE Employee Count														
Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	**Total**	**Average**
Full Time	10	12	14	16	22	27	31	18	25	36	17	18	**246**	
Part Time	1	2	1	2	1	3	3	2	3	1	2	1	**22**	
Seasonal	1	1	0	0	0	1	1	1	1	33	45	40	**124**	
Total	**12**	**15**	**15**	**18**	**23**	**31**	**35**	**21**	**29**	**70**	**64**	**59**	**392**	**33**

1) Count any employee receiving a W-2. This includes full-time, part-time, and seasonal workers who may or may not have been eligible for medical.
2) Add each month's number to get an annual total, and then divide by 12. (In the example above, 392 ÷ 12 = 32.6667).
3) Round up or down to the nearest whole number. Example: 32.6667 would be reported in the total box as 33.

NOTES:
For newly formed businesses, calculate the prior year average using only those months that your client was in business.

If the business is aggregated with one or more other businesses and treated as a single employer under subscription (b) contolledIf the business is aggregated with one or more other businesses and treated as a single employer under subscription (b) controlled group of corporations, (c) partnerships, proprietorships, etc., under common control, (m) employees of an affiliated service group, or (o) other regulations of section 414 of the Internal Revenue Code, then please provide the combined total number of employees for all businesses that are included in the "single employer group" under the Internal Revenue Code.

Disclaimer: This form is provided only as a courtesy to assist your clients in determing their average number of employees for quoting purposes. This form, including the results derived from its use, should not be used or relied upon for any other purpose, including but not limited to any tax or employer/plan sponsor-related reporting. In using this form, the employer explicitly assumes any and all liability for its use. Applicable counting methods for market classification purposes are subject to change without notice.

After completing, please click on the "CENSUS" tab within this excel workbook to enter in empoyee & family information.

Company Name

PLEASE INCLUDE ALL FULL-TIME "WAIVERS" AND COBRA ENROLLEES

Member Type	First Name	Last Name	Date of Birth	Gender	Zip Code	Coverage Election	Status	Salary	Occupation

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