Oberlin Marketing
Supporting the direction of your business

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GROUP MEDICAL QUOTE SURVEY FORM

GROUP NAME _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

NATURE OF BUSINESS _____ SIC CODE (IF AVAILABLE) _____

CURRENT CARRIER _____ HOW LONG _____

RENEWAL DATE ____/____/_____ RENEWAL $_____

CURRENT PLAN

☐ TRADITIONAL PPO ☐ HSA ☐ HRA ☐ LIMITED BENEFIT

NUMBER OF FT/PT EMPLOYEES_____/_____

DEDUCTIBLE $_____

COINSURANCE % _____

STOP LOSS LIMIT $_____

OFFICE VISIT COPAY $_____

LIFE AMOUNT $_____

MATERNITY	☐ YES	☐ NO
DENTAL	☐ YES	☐ NO
VISION	☐ YES	☐ NO
STD	☐ YES	☐ NO
LTD	☐ YES	☐ NO
SUPP ACCIDENT	☐ YES	☐ NO

HEALTH HISTORY

1. ANY EXISTING PREGNANCIES? □ YES □ NO IF YES, ESTIMATED DELIVERY DATE ___/___/___
2. CANCER? □ YES □ NO IF YES, CURRENTLY IN TREATMENT? □ YES □ NO
3. DIABETES? □ YES □ NO IF YES, ANY COMPLICATIONS? □ YES □ NO
4. COPD? □ YES □ NO IF YES, CURRENTLY SMOKES? □ YES □ NO

IF REQUESTING LIFE, STD OR LTD (WITHOUT MEDICAL):

HAVE THERE BEEN ANY DEATH CLAIMS IN THE LAST 2 YEARS? ☐ YES AMOUNT $_____☐ NO

IS ANYONE CURRENTLY ON DISABILITY? ☐ YES ☐ NO

IF YES, LIST CONDITION, DATE IT BEGAN, AND THE EXPECTED RETURN TO WORK DATE:

_____

_____

AGENT NAME _____

PHONE ( ) _____ FAX ( ) _____

E-MAIL _____

EMPLOYEE CENSUS INFORMATION

GROUP NAME: _____

NOTE: SALARY, OCCUPATION AND CLASS ARE NECESSARY IN ORDER TO QUOTE STD AND LTD BENEFITS.

	NAME	M/F	EMPLOYEE AGE/DOB	SPOUSE AGE/DOB	FAMILY STATUS	CHILDREN (1, 2 ECT)	STD AND LTD ONLY	
							SALARY	OCCUPATION
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

FAMILY STATUS:

E = EMPLOYEE ONLY
C = EMPLOYEE WITH CHILD(REN)
S = EMPLOYEE WITH SPOUSE
F = EMPLOYEE WITH SPOUSE AND CHILD(REN)
LO = LIFE ONLY

CURRENT BENEFITS:

EMPLOYER OR EMPLOYEE PAID? _____
STD BENEFIT PERCENTAGE?_____
STD FLAT WEEKLY AMOUNT?_____
LTD BENEFIT PERCENTAGE?_____

EMPLOYEE CENSUS INFORMATION

GROUP NAME: _____

NOTE: SALARY, OCCUPATION AND CLASS ARE NECESSARY IN ORDER TO QUOTE STD AND LTD BENEFITS.

	NAME	M/F	EMPLOYEE AGE/DOB	SPOUSE AGE/DOB	FAMILY STATUS	CHILDREN (1, 2 ECT)	STD AND LTD ONLY	
							SALARY	OCCUPATION
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								

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STD FLAT WEEKLY AMOUNT?_____
LTD BENEFIT PERCENTAGE?_____

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	NAME	M/F	EMPLOYEE AGE/DOB	SPOUSE AGE/DOB	FAMILY STATUS	CHILDREN (1, 2 ECT)	STD AND LTD ONLY	
							SALARY	OCCUPATION
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								

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STD FLAT WEEKLY AMOUNT?_____
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