

Request for quote – member agencies



Organization: _____ Contact name: _____

Email: _____ Phone: _____

Please select which coverage options you'd like included in a quote:

Health

- Option A
- Option B
- Option C

Dental

- Option A
- Option B
- Option C
- Option D

Additional coverage

- Weekly indemnity coverage
- Employee Assistance Plan

- Executive Life
- Executive Long-term Disability

If you're including Executive Life and Long-term Disability in your quote request, please list the names of eligible employees and their titles:

Executive employee name	Title

Coverage that is automatically included in every quote

- Life
- Long-term Disability
- Accidental Death & Dismemberment

If you'd like to include additional employees or classes of employees that haven't been part of this plan prior, please complete the *Employee information sheet* and include it when submitting this quote request.

Please submit your completed form to:

Kim Larsen
klarsen@cabplan.org