

# Request for quote Non-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

Please complete the *Employee information sheet* and include it when submitting this quote request. Once submitted, you'll receive an *Authority to quote* form and a *Confidentiality* form to complete and submit.

Please submit your completed forms to:

Kim Larsen  
klarsen@cabplan.org