



GEORGIA ASSOCIATION OF CONVENIENCE STORES EMPLOYEE BENEFITS QUOTE REQUEST FORM

Mail or Fax to Administrator:

BPC Financial
7645 Gate Parkway, Suite 101, Jacksonville, FL 32256
Toll Free (800) 282-8626 Facsimile (904) 396-2091

This is an information gathering tool used to initiate a quote and NOT AN APPLICATION.

Member/Company Name (show complete company name)		Benefits Contact Name		Contact Phone #	Contact Facsimile #
Principal Business Address (IMPORTANT: List any additional locations on a separate sheet).				Contact Email Address	
Total # Eligible Employees	Total # Enrolled Employees	Federal Employer ID#	Years In Business	Requested Effective Date	Current Benefits Renewal Date
Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sub-Chapter 'S' Corp <input type="checkbox"/> Other					
Benefits Waiting Period			Additional Waiting Period (if applicable)		
PLEASE QUOTE (PLEASE CHECK ALL PLANS OF INTEREST)					
<input type="checkbox"/> Please Quote All Programs					
<input type="checkbox"/> Medical		<input type="checkbox"/> HMO (Open access)	<input type="checkbox"/> Limited Benefit Medical	<input type="checkbox"/> Hospital Indemnity	
		<input type="checkbox"/> PPO	<input type="checkbox"/> HSA-PPO		
<input type="checkbox"/> Dental/Vision		<input type="checkbox"/> Employer Paid	<input type="checkbox"/> Voluntary		
<input type="checkbox"/> Life Insurance		<input type="checkbox"/> Employer Paid	<input type="checkbox"/> Voluntary		
		<input type="checkbox"/> With AD&D	<input type="checkbox"/> Spousal & Dependent Coverage		
<input type="checkbox"/> Short-Term Disability		<input type="checkbox"/> Employer Paid	<input type="checkbox"/> Voluntary		
		<input type="checkbox"/> 14-Day Elimination/24 Week Duration	<input type="checkbox"/> 30-Day Elimination/22 Week Duration		
<input type="checkbox"/> 401(k)/ Retirement Plan					
<input type="checkbox"/> Additional Voluntary Plans		<input type="checkbox"/> Auto	<input type="checkbox"/> Homeowners	<input type="checkbox"/> Pre-Paid Legal	<input type="checkbox"/> Pet Insurance
PLEASE PROVIDE THE FOLLOWING ITEMS BELOW:					
<input type="checkbox"/> Census (Online in Excel format):					
<ul style="list-style-type: none"> ➤ Gender, Date of Birth, Current Salary or Annual Earnings, Job Title ➤ Date of Hire: If there are employees in the New Hire Waiting Period, please provide either their Dates of Hire or Dates of Eligibility. ➤ Employee Plan Selection (HMO/PPO) ➤ Employee Coverage Tier (EE/ES/EC/FAM) ➤ Home Zip Codes ➤ Employees Waiving due to Other Coverage or Declining with No Other Coverage ➤ COBRA participants with coverage term date if available. Please provide all census information. ➤ Retired and Union employees (if applicable). 					
<input type="checkbox"/> Current Employer and Employee monthly contribution percentages/amounts, by coverage line					
<input type="checkbox"/> Complete benefit description of each coverage line (e.g. employee booklets)					
<input type="checkbox"/> Insurance carrier history, by coverage line, for the past two years, Rate history for the previous 2 years, by coverage line					
<input type="checkbox"/> Claims History: 2 years for group of 50+ employees					
<input type="checkbox"/> Known large medical claims (\$25k & over) for the past 2 years					
With Questions or Comments, please contact Chet Trefry at 1-800-282-8626, Ext 3231					