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## VISION QUOTE CHECKLIST

Group Case Name: \_\_\_\_\_

Broker:     **TotalBen LLC**    

- Nature of Business:
  
  
- Address of Group
  
  
- Employee Census (in Excel please):
  - ❖ Name
  - ❖ Date of Birth or Age
  - ❖ Gender
  - ❖ Enrollment status (Single, employee + spouse, employee + child(ren), family)
  
- Copy of Current Benefit Booklet or Plan Design, if plan is already in-force
  
- Copy of Most Recent Bill or Rates, Renewal Date and Rates, if applicable

### FUNDING:

Requested Effective Date: \_\_\_\_\_

\_\_\_\_\_ 100% employer paid  
\_\_\_\_\_ 100% employee paid  
\_\_\_\_\_ shared    employer % \_\_\_\_\_    employee % \_\_\_\_\_

Tier Structure: \_\_\_ 2 tier    \_\_\_ 3 tier    \_\_\_ 4 tier

### PLAN DESIGN:

Plan Frequency:    \_\_\_\_\_ 12/24/24    \_\_\_\_\_ 12/12/24    \_\_\_\_\_ 12/12/12 (exams/lenses/frames)

Co-pay:    \_\_\_\_\_ Exam    \_\_\_\_\_ Materials

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