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Dental Quote Request Form

EMPLOYER INFORMATION			
Company Name			
Street Address	City	State	Zip
Daytime Phone Number	Email		
Nature of Business			

PLAN DESIGN				
Plan type:	<input type="text"/> Fee Schedule/DMO <small>(in network only)</small>	<input type="text"/> PPO	<input type="text"/> Indemnity	<input type="text"/> Voluntary
Deductible:	<input type="text"/> \$25	<input type="text"/> \$50	<input type="text"/> \$100	<input type="text"/> Other
In Network:	<input type="text"/> 100/100/60	<input type="text"/> 100/90/60	<input type="text"/> 100/80/50	<input type="text"/> Other
Out of Network:	<input type="text"/> 100/80/50	<input type="text"/> 100/70/50	<input type="text"/> 100/50/50	<input type="text"/> Other
Ortho:	<input type="text"/> Yes/No	<input type="text"/> \$ Benefit		
Annual Maximum:	<input type="text"/> \$1,000	<input type="text"/> \$1,500	<input type="text"/> \$2,000	<input type="text"/> Other

PLAN & CONTRIBUTIONS			
% Employer Paid:	<input type="text"/> For Employees	<input type="text"/> For Dependents	
Current Plan in Force?	<input type="text"/> Yes/No	Census Included:	<input type="text"/> Yes/No
If Yes, which carrier?	<input style="width: 100%;" type="text"/>		
Takeover Checklist:	<ul style="list-style-type: none"> * Current/Renewal Rates * Current Plan Design * Current Plan Booklet 		<ul style="list-style-type: none"> * Renewal Date * Experience * Proposal Due Date
Comments:	<input style="width: 100%; height: 100%;" type="text"/>		