

# SBIT Insurance Agency L.L.C.

Wholly Owned By:

State Bar of Texas Insurance Trust

## Small Group Quote Request

**Please Note: All quotes will be e-mailed unless otherwise requested.**

**How did you hear about us?**

<b>Publications:</b> <input type="checkbox"/> Austin Bar Journal <input type="checkbox"/> Texas Bar Journal <input type="checkbox"/> Dallas Bar Headnotes <input type="checkbox"/> Houston Lawyer <input type="checkbox"/> Texas Paralegal Journal	<b>Other:</b> <input type="checkbox"/> Direct Mail <input type="checkbox"/> Seminars <input type="checkbox"/> Trust Staff <input type="checkbox"/> Web Links <input type="checkbox"/> Our web site, <a href="http://www.sbotit.com">www.sbotit.com</a> website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other
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**DO YOU HAVE AN AGENT?                      YES   or   NO**

<b>Texas Bar Number</b> _____	<b>Requested Effective Date</b> _____
<b>Business Name</b> _____	<b>Telephone #</b> _____
<b>Address</b> _____	<b>Fax #</b> _____
<b>City / State / Zip</b> _____	<b>E-Mail Address</b> _____
<b>Contact Person's Name:</b> _____	

Has the business insurance ever been terminated for non-payment?      Yes \_\_\_\_\_      No \_\_\_\_\_  
Who is your current small group carrier? \_\_\_\_\_ When is your renewal date? \_\_\_\_\_  
Are you currently enrolled in a plan thru SBOTIT?      Yes \_\_\_\_\_      No \_\_\_\_\_

<b># Full Time Employees</b> <small>(based on # of minimum hours allowed by state law)</small>	<b># Eligible Employees</b>	<b># COBRA or State Continues</b>
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**We will automatically Quote Aetna, please list one or two other carriers you would like quotes from:**

<input type="checkbox"/> Aetna	<input type="checkbox"/> Humana
<input type="checkbox"/> BCBS	<input type="checkbox"/> United Healthcare
<input type="checkbox"/> PacifiCare	<input type="checkbox"/> Assurant Health

**Please indicate types of plans the firm would like estimated base rates on:**

<input type="checkbox"/> <b>HMO</b> Office Co-Pay: _____ Hospital Co-Pay: _____	<input type="checkbox"/> <b>PPO</b> Office Co-Pay: _____ Deductible: _____ Co-Insurance: _____	<input type="checkbox"/> <b>HDHP</b> Office Co-Pay: _____ Deductible: _____ Co-Insurance: _____
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**To include** the following benefits in the estimated base rate quotes – please check.  
*(Benefits will automatically be excluded if not checked here.)*

- Maternity (Maternity cannot be carved out of some carrier plans)
- Home Health Care (Home Health Care cannot be carved out of some carrier plans)
- SMI – (Serious Mental Illness)
- S&H – (Speech & Hearing)
- In Vitro Fertilization Services

Minimum employee participation is 100% for two life firms and 75% for firms with 3 – 50 eligible employees.

