

SMALL GROUP DENTAL PLANS

For a summary of Small Group Dental Plans offered through

Aetna

BCBS

Humana

MetLife

UnitedHealth Care

Please complete the attached
quote request form and fax or E-mail to:

Fax: 512-479-4109

Or

E-mail to info@sbotit.com

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?

Publications:

Austin Bar Journal Texas Bar Journal
 Dallas Bar Headnotes Houston Lawyer
 Texas Paralegal Journal

Other:

Direct Mail Seminars Trust Staff
 Web Links Our web site, www.sbotit.com website
 Word of Mouth Other

DO YOU HAVE AN AGENT? _____ If yes please complete the attached Agent of Record letter.

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

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 _____

To the best of your knowledge, are there any medical conditions within the group? If so please provide a brief explanation. This will assist us in providing a more accurate preliminary rate quote for the firm.

Full Time Employees
(based on # of minimum hours allowed by state law)

Eligible Employees

COBRA or State Continuees

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"/> HMO Office Co-Pay: _____ Hospital Co-Pay: _____	<input type="checkbox"/> PPO Office Co-Pay: _____ Deductible: _____ Co-Insurance: _____	<input type="checkbox"/> HDHP 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.

