

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: <input type="checkbox"/> Austin Bar Journal <input type="checkbox"/> Dallas Bar Headnotes <input type="checkbox"/> Texas Bar Journal <input type="checkbox"/> Houston Lawyer <input type="checkbox"/> Texas Paralegal Journal	Other: <input type="checkbox"/> Direct Mail <input type="checkbox"/> Web Links <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Seminars <input type="checkbox"/> Our web site, www.sbotit.com website <input type="checkbox"/> Trust Staff <input type="checkbox"/> Other
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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 _____	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 SBOIT? 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 checked="" 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.

