PLEASE PROVIDE QUOTES ON THE FOLLOWING

☐ **HEALTH** ☐ **DENTAL** ☐ **LIFE** ☐ **RETIREMENT PLAN**

employee benefit design LLC

1125 East Lakewood
Springfield, MO 65810
Phone: 417-889-6345 Fax: 417-882-0018

GROUP NAME: _____ **FED TAX ID # :** _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

#	FIRST & LAST NAME	GENDER	EMPLOYEE DATE OF BIRTH	ZIP CODE	SPOUSE DATE OF BIRTH	CHILDREN (GENDER & DATE OF BIRTH)	COVERAGE TYPE*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

*Coverage Type: Employee Only (EE); Employee Spouse (ES); Employee Child (EC); Family (FAM)

Drew Stephens dstephens@ebdllc.com www.ebd-insurance.com

Administered by:

Missouri Employer Questionnaire
Missouri Chamber Federation Benefit Plan

Anthem BlueCross BlueShield

Missouri Chamber FEDERATION
MISSOURI CHAMBER FOUNDATION

Employer information

Employer name		Business phone no.	Federal tax ID no.	
Street address	City	County	State	ZIP code
Name of any affiliate companies/subsidiaries				
Current carrier				

Prior medical coverage — Describe all medical plans offered during the last five years.

Carrier name	Type of coverage (PPO, HMO, Indemnity, deductibles/copays)	Period in effect

Eligibility, participation and contribution

State in which the company is headquartered: _____

Is your company part of a PEO/Employee Leasing Arrangement, Healthcare Alliance, or Association? ☐ Yes ☐ No
If yes, list the name: _____

Total number of full-time employees working a minimum of 30 hours: _____

Total number of part-time and seasonal employees: _____

Do you (the employer) fund more than 50% of the member deductible, out-of-pocket costs (e.g., copays or coinsurance), or any bank account to fund those costs for the members covered under your plan? ☐ Yes ☐ No
If yes, please explain what you fund here: _____

Certification

The prospective applicant hereby certifies that the above information is complete and true to the best of his or her knowledge. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Authorized representative signature	Printed name/Title
Printed broker name	Broker agency

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.