



NEW ACCOUNT QUOTE REQUEST MID-SIZE (51-100)

ACCOUNT INFORMATION

Account's Legal Name: _____

¹Average Number of Employees Employed on Business Days in the Preceding Calendar Year: _____

Average Employee Count Year: _____

¹Please include full-time, part-time, and seasonal employees regardless of hours worked or eligibility for the plan to arrive at the average number of employees. If the average number of employees is less than 51 or greater than 100, this form DOES NOT apply to your account. Please contact your Wellmark authorized representative for the correct application.

Requested Effective Date ____/____/____	Federal Tax ID Number ___ - _____
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Account's Physical Address: City _____ State _____ Zip _____	Account's Headquarters, if different than Physical Address: City _____ State _____ Zip _____
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DESIRED COMMISSION:
Fee per contract per month (PCPM) _____

Thank you for the opportunity to provide a quote for this group.
To help us assess the risk of the group and provide appropriate rates, please provide the following:

Carriers offering a health plan option other than Wellmark: _____

Name of current and previous carrier (past 5 yrs): _____

States other than Iowa and/or South Dakota in which employees are located: _____

Name of the account, if previously enrolled with Wellmark under a different name: _____

Current and Renewal Rates	Effective Date	Employee	Emp/Spouse	Emp/Child(ren)	Employee/Spouse/Child
Current Rates					
Renewal Rates					

Current Census (in excel) (include name, date of birth, gender, type of coverage, zip code)
 Benefit Summaries for Current Benefits (include number enrolled on each benefit)
 Benefit Summaries Matching Claims Experience (include number enrolled on each benefit)
 Claims experience (minimum 24 months & should be within 6 months of effective date)
 Enrollment matching claims experience (include number enrolled on each benefit)
 Claims > \$10,000 matching claims experience periods (diagnosis/prognosis, enrollment status, amount)
 Group Health Applications (should only be provided on an exception basis)
 Additional Information (explain additional information provided):

By signing this form, we certify that we are authorized to sign on behalf of the above referenced Account. We further certify that after this form was completed, we carefully and fully read it, that the statements and answers set forth are full, true, and complete to the best of our knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. We understand Wellmark will rely upon the completeness and truthfulness of the information given and the statements made, and that if we have made any false statements or misrepresentations, or have failed to disclose or concealed any material fact, Wellmark will seek redress to the full extent permitted by applicable law.

Selling Agent Signature _____ Date: ____/____/____

Selling Agent Number _____ Authorized Agency _____

FOR OFFICE USE ONLY

Industry Code (SIC)	Association
Prior Group Number	Prior Cancellation Date

