



R I C E
INSURANCE

Request For Quote

Group Name

Date

Address

 County

Effective Date

Business Nature

SIC Code

Current Carrier

Since

Network

Employer Contributions

Employee %

Dependent %

Plan Design

Deductible

Co-Insurance

Office Co-Pay

Lifetime Maximum

**Supplemental
Accident**

**Preventative
Care**

Vision

Maternity

Rx Plan

Generic

Preferred

NonPreferred

Oral Contraceptives

Life Benefits

Class 1 Benefit

Class 2 Benefit

Class 3 Benefit

Dependent Life

Dental

Dental Deductible

Annual Maximum

Orthodontics

Disability

Benefit Period

P.O. Box 270
Brownsburg, IN 46112

800-449-RICE (7423)
800-892-4715 (FAX)



R I C E
INSURANCE

Request For Quote

Employee Census

Employer Name: _____

Today's Date: _____ Page ____ of ____

	LAST NAME	FIRST NAME	SEX	DOB OR AGE	BENEFIT STATUS	SPOUSE'S DOB OR AGE	NUMBER OF CHILDREN
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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23							
24							
25							

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