



GENERAL INFORMATION FOR DENTAL PLAN QUOTATION

Company Name: _____

Company Location: _____

Phone No.: _____

Fax: _____

Web site: _____

Type of Industry: _____

Years in the Market: _____

Total of Employees: _____

Total of Eligible Employees: _____

Total of Employees under COBRA: _____

Amount of Emp: Individual: _____ Couple: _____ Familiar: _____ EE+Child _____

Effectivity Date: _____

Employer Contribution: Yes _____ No _____ Per cent _____

Actual Insurer: _____

Actual Fees: Individual: _____ EE+Couple: _____ EE+Child _____ Familiar: _____

Renewal Fees: Individual: \$ _____ Couple: \$ _____ Familiar: \$ _____

Description of Dental Coverage:

Diagnostic & Preventive - _____%

Restorative - _____%

Prosthesis - _____%

Periodontal - _____%

Annual Max - \$ _____

Orthodontics - _____%

Max Orthodontics \$ _____

COMMENTS: _____

Information of Agent/Broker:

Name: _____

Phone: _____

Email: _____