

DINA DENTAL PLAN

We have a plan to fit every smile.

Quote Request

Broker Information

Agency Name ~		Date of Request ~	
Name of Agent Requesting Quote ~			
Address ~	City:	State:	Zip:
E-mail Address ~			
Phone Number ~ () -	Ext.	Fax Number ~ () -	

Prospect Information

Name of Group ~			
Address ~	City:	State:	Zip:
Type of Business ~	Total Number of Employees ~ <i>(Include copy of current census if available)</i>		
Employer Contribution? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, percentage amount ~		
Is this a Takeover? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes ~ 2 nd <input type="checkbox"/> or 3 rd <input type="checkbox"/>		

3 Tier Rating

4 Tier Rating

Enrollment Status	Current Rates	Renewal Rates
Employee Only	\$	\$
Employee + One	\$	\$
Employee + Family	\$	\$

Enrollment Status	Current Rates	Renewal Rates
Employee Only	\$	\$
Employee + Spouse	\$	\$
Employee + Child(ren)	\$	\$
Employee + Family	\$	\$

Desired Effective Date ~	Date Quote Needed ~
Choose Plan/Plans for Quote ~ Passive PPO <input type="checkbox"/> Full Indemnity <input type="checkbox"/> PPO <input type="checkbox"/> Prepaid <input type="checkbox"/>	
The following information is needed to quote the Passive PPO or Full Indemnity Plan:	
Deductible Amount ~ \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/>	
Calendar Year Maximum Benefits ~ \$1000 <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2000 <input type="checkbox"/>	
Include Orthodontic Rider ~ Yes <input type="checkbox"/> No <input type="checkbox"/>	Lifetime Max for Ortho ~ \$1000 <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2000 <input type="checkbox"/>
Move Endo and Perio to Basic Services ~ Yes <input type="checkbox"/> No <input type="checkbox"/>	
Remove 1 Year Wait on Major Services ~ Yes <input type="checkbox"/> No <input type="checkbox"/>	

Comments or special requests:

Please e-mail or fax request to: loralyn@dinadental.com ~ Fax: 225-292-3075