

# 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 ~	
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 <sup>nd</sup> <input type="checkbox"/> or 3 <sup>rd</sup> <input type="checkbox"/>	

#### 3 Tier Rating

#### 4 Tier Rating

<u>Enrollment Status</u>	<u>Current Rates</u>	<u>Renewal Rates</u>	<u>Enrollment Status</u>	<u>Current Rates</u>	<u>Renewal Rates</u>
Employee Only	\$	\$	Employee Only	\$	\$
Employee + One	\$	\$	Employee + Spouse	\$	\$
Employee + Family	\$	\$	Employee + Child(ren)	\$	\$
			Employee + Family	\$	\$

Desired Effective Date ~		Date Quote Needed ~	
Choose Plan/Plans for Quote ~ Full Indemnity <input type="checkbox"/> PPO <input type="checkbox"/> Prepaid <input type="checkbox"/>			
The following information is needed to quote the 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: [info@dinadental.com](mailto:info@dinadental.com) ~ Fax # 225-292-3075**

(Include copy of current census if available.)