

# ACEC Life/Health Trust Quote Request form

Please review quote checklist for all documents required in order to produce a proposal.  
For specific plan details, please refer to the ACEC Website.



## IMPORTANT:

Follow the process outlined below for groups that meet the following criteria:

- Currently inforce with Guardian, regardless of case size
- Groups with 25 or more eligible lives

## Guardian Quoting Process

<b>Quoting Process</b>
Email: <a href="mailto:PartnerQuote@glic.com">PartnerQuote@glic.com</a> Subject Line - ACEC Life/Health Trust Quote Request Please email this quote request form for the coverage selection and quote options. Include any supporting information in the email sent to <a href="mailto:PartnerQuote@glic.com">PartnerQuote@glic.com</a> .
Guardian Internal Use: Channel Partner: ACEC   Channel Partner Type: AS   Channel Partner ID: 00124

## Your Information

Agent Name	
License number	
Tax ID	
Agency Name	
Address, City, State, Zip	
E-mail address	
Phone number	

## Key Dates

Date submitted	
Date proposal due	
Requested effective date	

## Employer Information

Company Name	
Guardian Group # (if Inforce with Guardian)	
Company legal address	
Company Zip	
Company Zip Code(s) other:	
Situs State	

Supporting Documentation	<p>Please attach the following to your quote request:</p> <ul style="list-style-type: none"> <li>• Census including date of birth, gender, salary/earnings, occupation, dependent status, work zip code</li> <li>• Current carrier plan designs (include current certificate booklets)</li> <li>• Current Rates and/or Copy of Current Bill (Life, STD, LTD)</li> <li>• Claim history as follows <ul style="list-style-type: none"> <li>• Dental: if 100+ enrolled employees (2-years preferred)</li> <li>• Vision: if 500+ enrolled employees (2 years preferred)</li> <li>• Life: if 500+ eligible employees (3-5 years preferred) (include life waiver claims)</li> <li>• STD: if 100+ eligible employees (3 years preferred)</li> <li>• LTD: if 500+ eligible employees (3-5 years preferred) – Provide number of Open/Closed claims including detailed information by claimant, premium and rate history</li> <li>• Critical Illness/Accident/Cancer (if available): if 500+ eligible employees (3-5 years preferred)</li> </ul> </li> </ul>
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**Employer's Current Benefits**

Product	Eligible Lives	Enrolled Lives	All employees currently at work?	Funding type	Employer contribution (%)
Dental					
Vision					
Basic Life					
Voluntary Life					
STD					
LTD					
Critical Illness					
Accident					
Cancer					

Please indicate the following Benefits/Options that you would like quoted.

**STD**

Select options sold by placing an "X" in the requested plan design

- STD 13 Week
- STD 26 Week

**LTD**

Select options sold by placing an "X" in the requested plan design

- LTD 90 Day Elim
- LTD 180 Day Elim

**Dental**

Select options sold by placing an "X" in the requested plan design

Select Package (Select 1)

- With Ortho (Mid Plan & High Plan)
- Without Ortho

Select Plans (Up to 3)

- Low (No Ortho)
- Mid
- High Plan (100/80/50 1500 Max)
- High Plan (100/90/60 1500 Max)

## Life

Select option sold by placing an "X" in the requested plan design

### Basic Life

- Option 1 - Flat 25K (2+ lives)
- Option 2 - Flat 50K (2+ lives)
- Option 3 - 1x Annual Earnings to \$100,000 (50+ Lives)
- Option 4 - 2x Annual Earnings to \$200,000 (50+ Lives)

### Vol Life

- Yes
- No

## Vision

Select options sold by placing an "X" in the requested plan design

Select from up to 2 networks

- VSP Choice
- Davis

## Cancer

Select options sold by placing an "X" in the requested plan design

Select from up to 3 Plan Designs

- Yes (Quote will include Value, Advantage & Premier)
- No

## Accident

Select options sold by placing an "X" in the requested plan design

Select from up to 3 Plan Designs

- Yes (Quote will include Value, Advantage & Premier)
- No

## Critical Illness

Select options sold by placing an "X" in the requested plan design

Select from up to 3 Plan Designs

- Yes
- No