



Balanced Funding Small Group Quote Request Form

General Group Information

Provide the following group information to obtain an **illustrative** Small Group Balanced Funding quote.

Effective Date*	SIC Code*	
Group Name*	Group Contact*	Group Contact Phone Number*
Street Address*	City, State*	County, Zip Code*
General Agency*	Producer Agency	Producer*
Current Carrier*	Current Plan Design	Average Total Number of Employees* ¹

Census

Attach the Highmark **member level census** for all eligible employees, their spouses and dependents.

Plan Options

Note which plan options should be provided in the **illustrative** proposal. Plan options are listed in the Balanced Funding brochure.

Medical Plan Option #1	
Medical Plan Option #2	
Medical Plan Option #3	
Dental and Vision Indicate if you'd like a dental or vision quote. ²	Dental <input type="checkbox"/> Vision <input type="checkbox"/>

¹ In Pennsylvania and West Virginia, average total number of employees is determined using the previous calendar year. In Delaware, average total number of employees is determined using the previous calendar quarter.

² Balanced Funding is a level funded product. Any dental and vision plan options will be offered on a fully insured basis.