**UPMC Formal Quote Request**

**Broker Information**

* **Broker Name:**
* **Email Address**
* **Phone Number**

**Effective Date:**

**Plan Name:**

**Company Information**

* **Address**
* **City**
* **State**
* **Zip Code**
* **Federal Tax ID:**
* **Business Start Date**
* **Workers Comp Carrier**
* **New Hire Waiting Period**
* **How many hours do Employees need to work to be eligible?**
* **PA Act 4, Yes or No?**
* **Do you offer coverage for Domestic Partners?**

**Company Contact Information**

* **Company Admin Name**
* **Email Address**
* **Phone Number**

**Current Employee Count**

* **# of FT Eligible Employees**
* **# Enrolling**
* **# Waiving**