To get your FREE QUOTE ANALYSIS; complete the Census and Selection page then,
FAX to 248-922-9307, thank you.
Attention: Tim Sullivan

CTS Insurance Agency
Employee Benefit Specialist

INSTRUCTIONS: Complete all areas of the form. If you have any questions Call Tim Sullivan at 248-922-0700	CTS Insurance Agency 6696 Dixie Highway, Suite 5 Clarkston, MI 48346	**EFFECTIVE / RENEWAL DATE**	**PLEASE FAX FORMS TO 248-922-9307**

Employer Name:		**Nature of Business or SIC code:**	
DBA:		**Current Plan Details**	**AGENT DETAILS**
Address:		Carrier	**Tim C. Sullivan**
City, State & Zip		Deductible	**248-922-0700**
County:		Coinsurance	**248-884-1414**
Group Contact Person:		Copay	**248-922-9307**
Employer Telephone #:		Rx Plan	tsullivan@ctshealth.com

<>Status Chart

EE= Employee Only	ES= Employee & Spouse	L/O= Life Only	P/T= Part Time
EC= Employee & Children	FF= Employee & Family(3+)	M/C= Medicare	SP= Waived for Spousal Coverage
	F/C= Family Continuation	C = Cobra	W = Waive ALL coverages

	Last Name	First Name	DOB	M/F	Status Chart Code	Children # of	Medical Y/N	Dental Y/N	Vision Y/N	Short Term Disability Salary/Hourly wages	Personnal Zipcode	NOTES:
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

FOR QUOTING PURPOSES - PLEASE ANSWER ALL THESE QUESTIONS TO THE BEST OF YOUR ABILITY, THANK YOU!

***Anyone on COBRA? If yes, please list person(s)
and date COBRA was effective and will terminate.

***Are there any known pre-existing conditions that you know of?

***Are any employees or dependents currently pregnant, retired or disabled?
If so, please list names and dates (due date for pregnancies)

CTS Insurance Agency
Employee Benefit Specialist

FAX COMPLETED FORMS TO 248-922-9307, thankyou!

Medical Carriers

PPO PLAN CARRIERS	Deductible	Co-Insurance	Prescription
☐ Aetna	☐ $0	☐ 100%	☐ $5 / $10 / $20
☐ American Community	☐ $100	☐ 90%	☐ $10/ $20 / $40
☐ Assurant/Time	☐ $250	☐ 80%	☐ $20 / $30 / $50
☐ Blue Cross Blue Shield	☐ $500	☐ 70%	☐ $30 / $40 / $50
☐ HAP-PPO	☐ $1,000	☐ 50%	☐ $10 / $40
☐ Humana	☐ $1,500		☐ $20 / $40
☐ Insurers Administration Corporation	☐ $2,000	**Stop Loss**	☐ NONE
☐ John Alden	☐ $2,500	☐ $5,000	☐ other
☐ Liberty Union	☐ $3,000	☐ $10,000	
☐ Midwest Security	☐ $3,500	☐ $15,000	**Deductible Funding**
☐ Preferred United (50 plus groups only)	☐ $5,000		☐ Standard
☐ Principal Financial Insurance	☐ $10,000		☐
☐ Priority Health			☐ HRA
☐ US Health & Life			☐ HSA
			☐ Self Funded

☐ Would like a quote two deductibles? ie. $500 and $1000, please select two amounts

HMO PLAN CARRIERS

- ☐ Blue Care Network HMO (BCN)
- ☐ HAP-HMO
- ☐ Health Plus HMO
- ☐ McClaren HMO
- ☐ Priority Health HMO

☐ Life

Group Maximum

☐ $15,000 ☐ $20,000 ☐ $30,000 ☐ other

☐ Dental

Maximum	Copay	Ortho (10+)	Perio/Endo
☐ 1000	☐ 0	☐ yes	☐ Basic
☐ 1500	☐ 25	☐ no	☐ Major
☐ 2000	☐ 50		
☐ 2500	☐ 100		

☐ Vision

☐ 12/12/12 ☐ 24/24/24

☐ Short Term Disability

Injury/Illness waiting periods (days/days)

☐ 1/8 ☐ 8/8 ☐ 15/15

Flat

☐ $100/week ☐ $200/week ☐ $300/week ☐ other

Percentage

☐ 40% ☐ 50% ☐ 60% ☐ other

☐ (Percentage requires income verification)

☐ Long Term Disabilty

Waiting period (days before plan pays)?

☐ 30 ☐ 60 ☐ 90 ☐ other

Duration of Longterm Care

☐ 2 Years ☐ 5 Years ☐ 10 Years ☐ to 65

☐ Long Term Care Group

☐ **Call to Discuss**

Tim Sullivan
6696 Dixie Hwy, Ste 5 Clarkston, MI 48346
Fax 248-922-9307 Office 248-922-0700 tsullivan@ctshealth.com

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