



# G/P Administration, LLC

Taking Benefit Administration In A New Direction

### Request a Dental Quote:

Please fill out as much of the questionnaire as possible. If you would like a medical quote, please call the office at 877-669-4869:

Group/Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Do you currently provide employees a dental plan? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, What Dental Company? \_\_\_\_\_  HMO  PPO  Indemnity  Self-Insured

Date plan began \_\_\_\_\_ # of Tiers in Current Plan (1,2,3,4) \_\_\_\_\_

### Current Rates for Current Plan:

Employee Only \$ \_\_\_\_\_ Employee + Child \$ \_\_\_\_\_ Employee + Spouse \$ \_\_\_\_\_ Employee + Family \$ \_\_\_\_\_

Effective Date for DR Proposal \_\_\_\_\_

### Current Data:

# of Employee Only \_\_\_\_\_ # of Employee + Child \_\_\_\_\_ # of Employee + Spouse \_\_\_\_\_ # of Employee + Family \_\_\_\_\_

# Total \_\_\_\_\_

Percent of Eligible Employees Enrolling \_\_\_\_\_%

Percent of Eligible Dependents Enrolling \_\_\_\_\_%

Percent of Employee Contribution Paid By Employer \_\_\_\_\_%

Percent of Dependent Contribution Paid By Employer \_\_\_\_\_%

100% of First \$50, 50% of next \$300, Maximum Annual Benefit = \$200

100% of First \$150, 80% of next \$700, Maximum Annual Benefit = \$500

100% of First \$100, 80% of next \$500, 50% of next \$500, Maximum Annual Benefit = \$750

100% of First \$100, 80% of next \$250, 50% of next \$1400, Maximum Annual Benefit = \$1000

100% of First \$200, 80% of next \$500, 50% of next \$800, Maximum Annual Benefit = \$1000

100% of First \$300, 80% of next \$750, 50% of next \$600, Maximum Annual Benefit = \$1200

100% of First \$500, 50% of next \$3000, Maximum Annual Benefit = \$2000

100% of First \$250, 80% of next \$750, 50% of next \$1300, Maximum Annual Benefit = \$1500

100% of First \$500, 80% of next \$500, 50% of \$500, Maximum Annual Benefit = \$750

### Create your own plan...

\_\_\_\_\_% of \$ \_\_\_\_\_, \_\_\_\_\_% of \$ \_\_\_\_\_, \_\_\_\_\_% of \$ \_\_\_\_\_, Maximum Annual Benefit = \$ \_\_\_\_\_