

Stuckey Insurance

5343 N. 16th St., Ste. 110 • Phoenix, AZ 85016
(602) 264-5533 • 1-800-224-2264 • Fax (602) 264-1088

Employee Benefits Information Form

Firm Name: _____

Contact Name: _____

Address: _____ City/Zip: _____

Type of Business: _____ # of Years in Business: _____

Phone: _____ Fax: _____

Branch Offices (City/State/Zip): _____

No. of Full-Time Employees: _____ No. Participating: _____

Employer Contribution Percentage

Employee: _____ Dependent: _____

Current Carrier: _____ # of Years: _____

Renewal Date: _____

Rates:	Current	Renewal
Employee	_____	_____
EE + Spouse	_____	_____
EE + Child(ren)	_____	_____
EE + Family	_____	_____

What type of plan is your firm currently enrolled in?

_____ PPO _____ HMO _____ Quote Both

Please fill in the copays and percentages of your current plan:

Deductible _____ Office Visit Copay _____
Co-insurance _____ Prescriptions _____
Out-of-Pocket Max _____

Engineering Firms: Would you like the ACEC Life/Health Plan Quoted? _____

Would you like **DENTAL** INSURANCE quoted? _____

Who is your current group dental carrier? _____

What is the employer contribution? _____

Annual Max: \$1,000 _____ \$1,500 _____ \$2,000 _____

Orthodontia Included? _____

Would you like **LIFE** INSURANCE quoted? _____

How much for each employee? _____

Would you like **DISABILITY** INSURANCE quoted? _____

Short-term _____ Long-term _____ Both _____

Who is your current disability carrier? _____

What is the elimination period before benefits begin? _____

What is the duration of benefits? _____

Please attach an additional sheet that lists each employee's job title and salary.

Firm Name: _____

Complete the following information for all full-time employees (working at least 30 hours each week).
Include retirees and COBRA participants and indicate with an asterisk.

EMPLOYEE NAME	LOCA-TION	SEX	DATE OF BIRTH	CHECK APPLICABLE COVERAGE			
				Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							