



## **Vigilant Group Benefits Trust (VGBT)**

### **Quote Request Checklist**

Thank you for your interest in Vigilant Group Benefits Trust (VGBT). We want to make the quoting experience a quick and simple one. In order to expedite your quote, please include the following information on all requests for proposals (RFPs):

#### **General Group Information:**

- Group Name
- Address/City/State
- Zip Code
- Years in Business
- Requested Effective Date
- Industry Description
- SIC or/and NAICS code
- Employer Contribution Percentage (EE and Dep) for both Medical and Dental Coverage

#### **Group Census:**

- Employee: Gender, Date of Birth (Ex. 01/02/15), Zip Code
- Spouse or Domestic Partner, Date of Birth
- Number of Children, Date of birth for each child
- Medical Plan and Dental Plan Selection

#### **Medical: Current/Renewal Plan Information**

- Medical Renewal date
- Current Medical Carrier
- Current Association (if applicable)
- Current Medical Plan Designs (Deductible/Copay/Coinsurance/Out of Pocket Max/RX)
- Current Medical Rates
- Renewal Medical Rates

#### **Dental: Current/Renewal Plan Information**

- Dental Plan renewal date
- Current Dental Carrier
- Current Dental Plan design (Deductible/Copay/Coinsurance/Out of Pocket)
- Current Dental Rates
- Renewal Dental Rates

**Quote Submittal:** [VGBTquotes@dimarinc.com](mailto:VGBTquotes@dimarinc.com)

**General Inquires:** [VGBT@dimarinc.com](mailto:VGBT@dimarinc.com) or call (206) 623-2430