



# BENEFITS QUOTE REQUEST FORM



Please fill in the information below and submit this document to [quotes@eiosolutions.com](mailto:quotes@eiosolutions.com). A member of our team will triage the request and reach out with any questions and to schedule a review.

## BROKER INFORMATION

First name	
Last name	
Are you the agent of record?	Yes    No
Is additional information about your relationship to the client relevant to this quote?	

## CLIENT INFORMATION

First name	
Last name	
Phone	
Email	
Company name	
Can we contact the client directly for further information?	Yes    No



## PLAN DETAILS AND PREVIOUS EXPERIENCE

In the following questions, please provide insight into what the client is looking for in a benefits plan.

1. What type of benefits quote are you requesting?	Stability+ (Fully-Insured) Efficiency+ (Administrative Services Only/Self-Insured) Lifestyle+ Spending Accounts Pooled Benefits Other: _____
2. How many employees will be on the plan?	
3. Does this client currently have a benefits plan	Yes    No

*If answered "yes" to question 3, please complete questions 4 – 9. If "no," please skip to question 10*

4. How many years have they been with their current carrier?	
5. What type of benefits plan do they currently have? (Select all that apply)	Fully Insured Plan ASO Self-Insured Plan HSA Plan Cost Plus Group Investment Pooled Benefits Only Other: _____
6. What portion of premiums are paid by employees	Health & Dental: _____ LTD: _____

Questions 7 - 9 continue on the next page



7. Why did the client first offer a benefits plan? (What value were they hoping their plan would deliver?)

- Employees Requested Them
- Meet Industry Expectations
- Improve Recruiting
- Improve Retention
- Cater to Specific Demographics
- Take Care of People's Health
- Get Coverage for Owners
- Tax Deductions
- Other: \_\_\_\_\_

8. Why are they considering switching carriers now?

- Too expensive
- Poor customer service
- Increasing rates year over year
- Hard to submit claims
- Limited plan design
- Limited reporting
- Other: \_\_\_\_\_

9. If cost wasn't a factor, what would they add to their current plan?

## PLAN PRIORITIES

10. What are the client's priorities when choosing a new benefits plan? Please rank each category on a scale of 1-5, relative to each other.

Overall Price	
Diversity of Coverage (Inclusions)	
Depth of Coverage (Co-Pays & Maximums)	
Rate Stability	
Customer Service	
Ease of Use	
Reporting and Insights	

When completing this table, please keep in mind: if everything is a "5," no priorities stand out.)



## PROPOSAL DETAILS

What must be included in the proposal and when is the client looking to start?

11. What is the preferred start date of the new plan?	
12. Are there any plan add-ons or additional services you'd like us to include in the proposal?	<p>Easy HR (Virtual Support)</p> <p>HUMI (HR Software)</p> <p>WealthSimple (Group RRSP)</p> <p>ScoutTalent (Recruiting)</p>
<p>13. Is there anything else we should know about the client or the benefits plan they want?</p> <p><i>(This could include employee exemptions, previous benefits experiences, etc.)</i></p>	

## DOCUMENTATION

What must be included in the proposal and when is the client looking to start?

14. Please indicate which of the following documents you will be submitting along with this quote request	<p>Current Employee Census (all quotes)*</p> <p>Latest Carrier Renewal (clients who currently have benefits)**</p> <p>Current Plan Booklet (clients who currently have benefits)**</p> <p>Current Claims History (clients who currently have benefits)</p> <p>Most Recent Billing Statement (clients who currently have benefits)</p>
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\*Required for all quotes | \*\*Required for fully-insured and ASO quotes