



Student Health Insurance Request for Quotation

Name of School: _____
 Address: _____ City: _____ State: ___ Zip: _____
 Contact Person: _____ Dept.: _____
 Telephone: _____ Fax: _____ Email: _____
 What date would you like a proposal on or before?: _____

Annual Premium Rate Information

<i>Student Only Rate:</i>	Domestic Annual Rate Per Student:	International Annual Rate Per Student:
Current Year	_____	_____
1 st Prior Year	_____	_____
2 nd Prior Year	_____	_____
3 rd Prior Year	_____	_____

Student coverage is:
 _____ Voluntary (students enroll by choice)
 _____ Mandatory (premium is included in tuition fees)
 _____ Hard Waiver (premium is included in tuition fees, but will be removed by proof of other coverage)

Does plan enrollment vary for groups of students? (i.e. Graduate or International students)
 _____ No _____ Yes, if yes please explain: _____

Is Dependent Coverage offered?: _____

Is coverage for Part-Time students available? _____

Plan Experience Information

	Total Premiums Remitted to the Insurance Carrier:	Total Claims Paid:	Total # of Insured Students	Last Claim Report Date:
Current Year	_____	_____	_____	_____
1 st Prior Year	_____	_____	_____	_____
2 nd Prior Year	_____	_____	_____	_____
3 rd Prior Year	_____	_____	_____	_____

Does your school have a Student Health Center? _____

If yes, please X the correct description:

_____ Health Center is staffed by a registered nurse and a physician is contracted to provide services.

_____ Health Center has a physician on staff during normal hours.

_____ Neither (please explain) _____

What changes would you like made to your current plan design?: _____

In addition to answering the above questions please enclose all available loss reports from your plan administrator and a student insurance brochure for the current year. If there have been plan changes in the past three years, please enclose a student insurance brochure for the prior years.

Please fax your quotation request to Specialty Insurance Solutions, Inc at 877-974-7462, attention Paul Mayo or it may be emailed to pmayo@sis-inc.biz . Please do not hesitate to contact us at 877-974-7462 with any questions.