HEALTH & WELFARE BENEFITS QUOTE REQUEST

Need Quote For: (check all that apply)
☐ Medical ☐ Dental ☐ Life ☐ SSAP
☐ LTC ☐ Disability ☐ Vision

A Benefits Specialist will provide you with the available plan options for each line of coverage upon review of this application For questions, call (562) 404-8029 or email us at benefits@ascip.org.

PART 1 -- CURRENT SCHOOL DISTRICT INFORMATION

District Name	District Contact Name		Phone	Fax
Address	City	State	Zip	Email

Current Broker Agency (if any)	Broker Contact name	Broker Phone	Broker email

PART 2 -- CURRENT HEALTH & WELFARE PLAN INFORMATION

Total Number of Benefits-Eligible Employees _____ Number of Active Full-Time Employees_____ Number of Active Employees Waiving Benefits _____

Current Effective Date ☐ Oct 1 ☐ Jan 1 ☐ Other:_____ Does the district cover Board Members? ☐ Yes ☐ No

Does the District Administer Health Benefits for Retirees? ☐ Yes ☐ No If yes, does the District prefer retiree rates separate from the active rate? ☐ Yes ☐ No

If yes, please provide a brief description of which retirees the districts pays for._____

Describe the current participation requirements for the plans requested (who must enroll, cash in lieu offerings, voluntary offerings, etc.)_____

_____

PART 3 -- SUBMIT THE FOLLOWING MATERIALS TO ASCIP (check all that are provided)

☐ Completed ASCIP District RFP Workbook (current census, rates, contributions) REQUIRED.

☐ Monthly enrollment and claims experience by plan (medical, dental & vision) for the most recently available 12 month period (24 mo's preferred).

☐ List of participants currently on disability, including diagnosis, prognosis, age and current medical plan. (deidentified)

☐ Description of all employee and dependent contributions

☐

☐ Plan summaries for all current lines of coverage.

☐ Current Billing Statement or List Bill

Check all that apply:

	Premium Frequency		Contribution Frequency	
	Monthly	Tenthly	Monthly	Tenthly
Certificated	☐	☐	☐	☐
Classified	☐	☐	☐	☐
Management	☐	☐	☐	☐
Retiree	☐	☐	☐	☐
COBRA	☐	☐	☐	☐

Email the completed form and ASCIP District RFP Workbook to: benefits@ascip.org. For questions, call (562) 404-8029 or email us at benefits@ascip.org
Submission of this form authorizes ASCIP to share information with service providers and carriers to obtain quotes on the District's behalf.
Please allow a minimum of 4 weeks for quote submissions.