

AVALON FOCUS - GROUP QUOTE REQUEST

Agent Name _____ E-mail Address: _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Name of Group _____ City _____ State _____ Zip _____ Requested Effective Date _____

Please Explain Any Major Health Problems: _____

Focus Health Benefit Plans: (Please check appropriate option)

Plans	Ded	Co-Ins	In-Network		PCP	Plans	Ded	Co-Ins	In-Network		PCP
			Co-Ins	OOP Max					Co-Ins	OOP Max	
<input type="checkbox"/> A-1	\$1,000	90%	\$1,500		\$25	<input type="checkbox"/> E-1	\$3,000	100%	\$0		\$25
<input type="checkbox"/> A-2	\$1,000	80%	\$2,000		\$25	<input type="checkbox"/> E-2	\$3,000	100%	\$0		N/A
<input type="checkbox"/> B-1	\$1,500	80%	\$2,000		\$25	<input type="checkbox"/> E-3	\$3,000	80%	\$3,000		\$25
<input type="checkbox"/> B-2	\$1,500	70%	\$2,500		\$25	<input type="checkbox"/> E-4	\$3,000	80%	\$3,000		N/A
<input type="checkbox"/> C-1	\$2,000	100%	\$0		\$25	<input type="checkbox"/> E-5	\$3,000	70%	\$4,000		\$25
<input type="checkbox"/> C-2	\$2,000	80%	\$2,000		\$25	<input type="checkbox"/> E-6	\$3,000	70%	\$4,000		N/A
<input type="checkbox"/> C-3	\$2,000	70%	\$3,000		\$25	<input type="checkbox"/> E-7	\$3,000	60%	\$5,000		\$25
<input type="checkbox"/> C-4	\$2,000	60%	\$4,000		\$25	<input type="checkbox"/> E-8	\$3,000	60%	\$5,000		N/A
<input type="checkbox"/> C-5	\$2,000	60%	\$4,000		N/A	<input type="checkbox"/> F-1	\$5,000	100%	\$0		\$25
<input type="checkbox"/> D-1	\$2,500	100%	\$0		\$25	<input type="checkbox"/> F-2	\$5,000	100%	\$0		N/A
<input type="checkbox"/> D-2	\$2,500	80%	\$2,500		\$25	<input type="checkbox"/> F-3	\$5,000	80%	\$5,000		\$25
<input type="checkbox"/> D-3	\$2,500	70%	\$3,500		\$25	<input type="checkbox"/> F-4	\$5,000	80%	\$5,000		N/A
<input type="checkbox"/> D-4	\$2,500	70%	\$3,500		N/A	<input type="checkbox"/> F-5	\$5,000	70%	\$6,000		\$25
<input type="checkbox"/> D-5	\$2,500	60%	\$4,500		\$25	<input type="checkbox"/> F-6	\$5,000	70%	\$6,000		N/A
<input type="checkbox"/> D-6	\$2,500	60%	\$4,500		N/A	<input type="checkbox"/> F-7	\$5,000	60%	\$7,000		\$25
						<input type="checkbox"/> F-8	\$5,000	60%	\$7,000		N/A

Optional Riders: (Please check appropriate option)

Focus Prescription Benefit Options:

Plans	Ded	Network			Plans	Ded	Network		
		Generic	Form	Non-Form			Generic	Form	Non-Form
<input type="checkbox"/> 1	\$0	\$10	\$30	\$50	<input type="checkbox"/> 8	\$1,500	\$20	\$60	\$100
<input type="checkbox"/> 2	\$0	\$15	\$50	\$75	<input type="checkbox"/> 9	\$1,750	\$20	\$60	\$100
<input type="checkbox"/> 3	\$0	\$20	\$60	\$100	<input type="checkbox"/> 10	\$2,000	\$20	\$60	\$100
<input type="checkbox"/> 4	\$500	\$20	\$60	\$100	<input type="checkbox"/> 11	\$2,000	\$35	\$90	\$200
<input type="checkbox"/> 5	\$750	\$20	\$60	\$100	<input type="checkbox"/> 12	\$2,500	\$35	\$90	\$200
<input type="checkbox"/> 6	\$1,000	\$20	\$60	\$100	<input type="checkbox"/> 13	\$3,000	\$35	\$90	\$200
<input type="checkbox"/> 7	\$1,250	\$20	\$60	\$100	<input type="checkbox"/> 14	\$5,000	\$35	\$90	\$200

Dental Plan Options:

MCNA Dental Plan 1

- 1) One routine cleaning per year
- 2) Free Exams
- 3) Free X-rays
- 4) Discounts on all procedures
- 5) 25% off on all Orthodontics, Periodontics, Endodontics, Oral Surgery & Pedodontics

MCNA Dental Plan 2

- 1) Two routine cleanings per year
- 2) Free Exams
- 3) Free X-rays
- 4) Discounts on all procedures
- 5) 25% off on all Orthodontics, Periodontics, Endodontics, Oral Surgery & Pedodontics

Mental Nervous Rider

Alcohol & Substance Abuse Rider

Mail, E-mail or Fax this form to:

Bay Insurance Marketing
P.O. Box 1575
Palm Harbor, FL 34682
Voice: (800) 878-9399, Fax: (800) 878-9467
marketing@bayinsurance.com

Employee Census

*Please complete with all full-time employees and fax to 800-878-9467
or e-mail to marketing@bayinsurance.com*

EMPLOYEE NAME	GENDER	BIRTHDATE OR AGE	TYPE OF COVERAGE	ZIP CODE
1)	M F		E ES EC F	
2)	M F		E ES EC F	
3)	M F		E ES EC F	
4)	M F		E ES EC F	
5)	M F		E ES EC F	
6)	M F		E ES EC F	
7)	M F		E ES EC F	
8)	M F		E ES EC F	
9)	M F		E ES EC F	
10)	M F		E ES EC F	
11)	M F		E ES EC F	
12)	M F		E ES EC F	
13)	M F		E ES EC F	
14)	M F		E ES EC F	
15)	M F		E ES EC F	
16)	M F		E ES EC F	
17)	M F		E ES EC F	
18)	M F		E ES EC F	
19)	M F		E ES EC F	
20)	M F		E ES EC F	
21)	M F		E ES EC F	
22)	M F		E ES EC F	
23)	M F		E ES EC F	
24)	M F		E ES EC F	
25)	M F		E ES EC F	
26)	M F		E ES EC F	
27)	M F		E ES EC F	
28)	M F		E ES EC F	
29)	M F		E ES EC F	
30)	M F		E ES EC F	

E = Employee only, ES = Employee + Spouse, EC= Employee + Child(ren), F = Family

Please note that quotes will take 1 to 3 business days from date completed census is received.

Bay Insurance Marketing
P.O. Box 1575
Palm Harbor, FL 34682
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Fax 800-878-9467
marketing@bayinsurance.com