

TRI STATE GROUP APPLICATION/SALES INFORMATION

Date: _____

Date Received: _____

Group Characteristics	
1. Group Name: _____	2. Type of Industry (SIC): _____
3. Group Email address: _____	
4. Number of Eligible Employees: _____	5. Number of Contracts: _____
Contract Information	
6. Coverage Effective Date _____	7. Renewal Effective Date (if _____ other _____ than _____ anniversary)
Broker/General Agency Information	
8. General Agency: _____	9. General Agent Tax ID #: _____
10. Address: _____	11. Phone Number: _____
12. # Broker/Agency: _____	13. Broker/Agency Tax ID # _____
14. Address: _____	15. Phone Number: _____
16. GA Commission % (see schedule for <300) _____	17. Broker Commission % (see schedule for <300) _____
Benefit Options	
Plan Option Code (from rate card) _____	
Deductible Reduction	\$0 _____ \$25/\$75 _____
Annual Maximum Increase	\$1,500 _____ \$2,000 _____
Orthodontic Maximum Increase	\$1,500 _____ \$2,000 _____
Out-of-Network Payments	MAC _____ 90 th Percentile _____
Comments*:	

*Note: Please use the comment section to outline subgroup, structure, special billing instructions and other expectations.