



**Chamber of Commerce Benefits Program  
Large Group (51+)  
New Business Submission Summary**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Broker: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Current Renewal Month: \_\_\_\_\_

SIC Code: \_\_\_\_\_

Total employees: \_\_\_\_\_ Eligible employees: \_\_\_\_\_ Waivers: \_\_\_\_\_ Cobra: \_\_\_\_\_

Employer contribution: \_\_\_\_\_

Current/Renewal Rates: Effective as of (date): \_\_\_\_\_

Employee only: \$ \_\_\_\_\_ Employee/Spouse: \$ \_\_\_\_\_

Employee/Child: \$ \_\_\_\_\_ Family : \$ \_\_\_\_\_

***Please provide a census (by class if applicable), including the following:***

1. Date of birth, current coverage type (e.g.: single, employee & spouse, etc.)
2. For Genworth products, please also include gender, salary and job titles
3. Current Benefits Plan and enrollment for each plan offered
4. Claims data & Member months: \_\_\_\_\_ through \_\_\_\_\_  
(most recent 24 months) (start date) (end date) (member months)
5. Large Claims Information: Please include all claims greater than \$50,000 for each Claims Experience Period submitted. Include diagnosis and prognosis information for each claimant

***Please check the insurance products that you would like to have quoted:***

Patriot Healthcare/Northeast Delta Dental

Genworth Products:  Life  LTD  STD  Dental

**Please fax all information to Christine Green at Patriot Healthcare 603.296.0315**

# Genworth Quote Options

(Please circle desired options and complete fill ins)

**Life/ ADD:**

Flat benefit (same for all): Amount \$ \_\_\_\_\_

% of Salary: 1X 1.5X 2X 2.5X 3X 3.5X  
to max of \$\_\_\_\_\_ (2-9 < \$200,000) (10+ < \$300,000)

| Class Schedule Description (Manager, etc) | Benefit (flat amounts only) higher class cannot exceed 2.5 X next lower |
|---|---|
| Class 1 _____                             | \$ _____  |
| Class 2 _____                             | \$ _____  |
| Class 3 _____                             | \$ _____  |

**Short Term Disability:**

Duration 13- Week 26- Week

Benefit Type:

Flat (same for all): amount \$\_\_\_\_\_ (will be limited to 70% of salary)

Percent Plan: 50% 60% 66.67% 70%  
to weekly maximum of \$\_\_\_\_\_ (2-5 < \$750) (6-24 < \$1,000)

| Class Schedule Description | Benefit (flat amounts only) |
|----------------------------|-----------------------------|
| Class 1 _____              | \$ _____                    |
| Class 2 _____              | \$ _____                    |
| Class 3 _____              | \$ _____                    |

**Long Term Disability:** (always 60% of Basic Monthly Earnings)

Elimination Period: (Circle One) 60 Day 90 Day 180 Day  
Benefit Maximum: (Circle One) \$2,000 \$3,000 \$4,000 \$5,000 \$6,000

**Dental:** (Circle all selections)

|                |         |           |           |                       |
|----------------|---------|-----------|-----------|-----------------------|
| Plan Type:     | Brass   | Silver    | Gold      | Platinum (with ortho) |
| (coinsurance)  | 100/ 80 | 100/80/50 | 100/80/50 | 100/80/50/50          |
| (cal year max) | 1000    | 1200      | 1200      | 1500                  |

Dental Rider Options: PPO (if available) Vision

**Important:**

You must be a licensed producer with Genworth Life and Health Insurance Company to sell these products.