



**Chamber of Commerce Benefits Program
Small Group (1-50)
New Business Submission Summary**

Company Name: _____

Address: _____

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. Current Benefits Plan and enrollment for each plan offered*
- 3. For Genworth products, please also include gender and salary*

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

Patriot Healthcare/Northeast Delta Dental

Genworth Products: (Please complete attached sheet)

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.