

TDA Financial Services Insurance Program

Marketed by Tiedtke Marketing Group Inc. (TMGI)

Please **Fax Your Completed Form to: (817) 569-8304** or

E-mail it to marketing@tdamemberinsure.com

Questions? Information? Call (800) 677-8644 or write

PO Box 101356; Fort Worth, Texas 76185

QUOTE REQUEST FORM

Please quote the following coverage:

- Individual Major Medical
 - With Full Maternity Without Maternity
- HSA with qualified High Deductible Health Plan
- Small Employer Major Medical
- Long Term Care Insurance
- Disability Insurance
- Term Life Insurance

Your Name		Firm Name (for Small Group Quote)	
Address			
City		TEXAS	Zip
Telephone * Business * Home		Fax	E-mail
Contact Person		# of Employees (EE)	# EE to be covered

Current Major Medical Coverage Details:

Company: _____
 Monthly Premium: _____
 Renewal Date: _____ Co-pay: _____
 Deductible: _____ Coinsurance: _____
 Prescription Drug Copays _____
 Portion *Employer* will pay towards premium:
 _____ employee _____ dependents
 Any known health conditions: _____
 Special Requests: _____
 Effective Date Needed: _____

Small Employer Quote - Optional Benefits:

- Maternity Life Insurance Supplemental Accident
- Short Term Disability Occupational Coverage Other _____

Complete the section below for all Individuals, Family Members or Employees to be covered. *(Please make copies or use additional paper if needed)*

Employee's Name	First	Sex	Date of Birth		Number of Children	Occupation	Residence Zip Code and County
			Employee*	Spouse			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

NOTE: The premium rates used to calculate your proposal will be the carrier's basic risk rates. Actual premiums charges may vary depending upon the existence of certain factors that deviate from standard cost of services. The factors, together called "the risk adjustment factor", include but are not limited to, medical history, type of industry, and turnover. * Primary insured if quoting Individual Major Medical Insurance