

Quotation Request Form

Please complete this form to help us provide an accurately priced quote.
Once complete, please send the form along with any supporting information to:
quotes@healthshield.co.uk



Virgin Quote parameters:

- Average Age
- Gender Split
- Industry/sector

Switch Quote:(Additional information required)

- Member claims history
- Current plan & pricing

Brokerage		Consultant	
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1. Company & Employee Information

Full Company Name		No. of employees	
Address		No. of employees to be covered	
		Male/Female split	
		Average Age	

Does this company have a cash plan? YES NO (if YES, please complete section 4)

Company Paid: OPT IN OPT OUT

Is this a Hybrid Voluntary Scheme: YES NO (if YES, please provide details)

2. Benefit Levels & Partners (If not applicable please leave blank)

For multiple company paid levels please indicate how many members are to be on each level.	L1	L2	L3	L4	L5	L6
Are all partners to be company paid if not how many?						

3. Additional Benefits:

PMI REQUIRED? YES NO

Total no: employees requiring PMI excess cover?	
£ value of PMI excess required?	

GP Anytime required? YES NO

Face to face counseling required? YES NO

EAP 24/7 helpline required? YES NO

4. Additional information required for companies with a Health Cash Plan already in place

We are **unable to provide a switch quotation** without the following information:

- Current benefits plan and pricing - including any top up rates
- Renewal benefits and pricing – including any top up rates
- Claims MI report from current provider with a minimum 9 months claim history
- GDPR compliant membership listing – displaying applicable levels of cover