

BENEFITS DATA REQUEST

Company Name: _____

Address: _____

Main Contact: _____

BCG Advisors has saved **HUNDREDS** of small companies **MILLIONS** of dollars on the cost of providing their valuable employees with health insurance. This brief data request will provide us with the information to show you how we can do the same for you.

Please fax it to our office at (201) 435-4540 with a copy of your most recent health insurance invoice.

MEDICAL PLAN #1	MEDICAL PLAN #2	MEDICAL PLAN #3
<i>In-Network</i>		
<i>Out-of-Network (if applicable)</i>		

Current Carrier & Renewal Date:

Referrals Required

Deductible (if applicable)

Coinsurance (if applicable)

Maximum Out-of-Pocket

Primary Care Office Copay

Specialist Office Copay

Hospital Copay (if applicable)

Prescription Copay

Deductible

Coinsurance

Maximum Out-of-Pocket

Employere Payroll Deductions (per pay period)

Single

Parent/Child(ren)

Husband/Wife

Family

of payrolls in a year: _____

