

Request For Quote



Self Funded Benefit Plan

We welcome the opportunity to provide a proposal for self-funded group health plan administration. Please submit the information requested below to Quotes@MBMConline.com. To ensure we have the information we need to best respond, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time. Thank you!

Requesting Party

CONTACT NAME

Are you a broker or agent?

Yes
No

EMAIL FOR QUOTE DELIVERY

PHONE NUMBER

Company Information

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

INDUSTRY OR SIC CODE

NUMBER OF ELIGIBLE EMPLOYEES

Renewal Date

Is Group Currently Self-Funded:

CURRENT CARRIER AND/OR TPA

Yes

No

SERVICES TO BE INCLUDED IN PROPOSAL

Medical Plan

Vision

HRA

FSA

STD

Dental

Life Insurance

Wellness

HSA

PLEASE SUBMIT THE DOCUMENTATION LISTED ON THE FOLLOWING PAGE.

Supporting Documentation for Quote

Census in Excel Format (include employee name, date of birth, gender, zip code, requested coverage (single/ spouse/child/ family), plan selection if more than one plan is offered.

Current Benefit Summary

2 years monthly claims and enrollment history

Current Rates and Renewal Rates

Contact MBMC

Phone: 800-246-4622 ext 5501

Email: info@MBMOnline.com

Fax: 307-347-6227

Mail: 512 E Grand Avenue
Laramie, WY 82070

