

# Request for rates



## Alaska Municipal Health Trust

This form and the attached census template are required for a quote request to be completed. Please send your request to our team at [AMHT@RISQConsulting.com](mailto:AMHT@RISQConsulting.com).

### SECTION 1: AGENT INFORMATION

Agent name	Agency
Agent phone	Agent email

### SECTION 2: GROUP INFORMATION

Group contact name	Phone	Email
Legal name		
Physical address		
City	ZIP	

### SECTION 3: EFFECTIVE DATE

Desired effective date (must be any first of the month, on or following 7/1/21)      /      /

### SECTION 4: ELIGIBILITY

Average number of employees on payroll in prior calendar year:      2-50      51+

Total # of employees on payroll (full and part time):

Total # of employees eligible to enroll:

Will plan cover elected or appointed officials?      No      Yes

Will plan cover spouses/domestic partners and dependents?      No      Yes

### SECTION 5: PRIOR COVERAGE (PAST 2 YEARS)

Prior medical coverage:      None      12 months      24 months      Carrier:

Prior dental coverage:      None      12 months      24 months      Carrier:

Current medical plan funding arrangement      Fully insured      Level-funded      Self-funded

Current medical carrier renewal date:

Single or multi-choice plan?	Current # of employees enrolled:	Employer contribution for employees: Medical: _____ %      Dental: _____ %
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**Note:** Please attach a copy of current plan, current rates, and renewal documents when submitting. If you are currently self-funded, include claims and experience information for the most current two years if available.

### SECTION 6: ANCILLARY BENEFITS

Do you currently offer any ancillary benefits such as life insurance, disability insurance, or other?      No      Yes

If you currently offer ancillary benefits, specify what they are:

Are you interested in offering ancillary benefits?      No      Yes

What ancillary benefits would you like to see offered?

### SECTION 7: CENSUS

Complete all columns of the attached census spreadsheet for all employees, spouses/domestic partners, and dependents planning to enroll. Census **MUST** be submitted in the exact format contained in the census template. Incorrect formatting may delay quote.