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(301) 937-4447 Washington Area
(800) 879-0288 Toll Free
(301) 937-0245 Fax Number

Broker Information

Name: _____

Agency Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Due date of proposal: _____

Group Information

Name: _____

Address: (Headquarters) _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Business type with SIC or detailed description: _____

Number of Employees: _____

Effective Date: _____

Which products would you like to receive a proposal for? (Please check all boxes that apply.)

DHMO Dental Benefits:

- Classic Dental Plan Advantage Dental Plan Select Dental Plan
- Indemnity Dental Benefits
- Voluntary PPO Dental Plans
- Employer Sponsored PPO Dental Plans
- Self-Funded Dental Plans

Vision Benefits:

- Standard Plan Premier Plan Diamond Plan

How many employees are eligible for benefits? _____

Does the group currently offer dental benefits? Yes No

What is the name of the current carrier? _____

Will the employer contribute to the employee's premium? Yes No

If yes, what percentage? _____

Does the group have eligible employees who live outside of Maryland, Virginia, and Washington, D.C.? Yes No

Please send a census and claims history to: sales@dentaquest.com.