

AMS BENEFITS, INC.

A wholly-owned subsidiary of the Arkansas Medical Society

Group Quote Specifications

Questions? Please Call

Office: 501-224-8967 Toll Free: 1-800-542-1058 Fax: 501-224-6489

Please either fax your request or e-mail it to amsbenf@arkmed.org

Group Name	Phone		
Tax I.D.#			
Address	City Zip		
Administrator	Fax		
Number of years in business	E-Mail Address		
Please Quote	Dental Max:		
Deductible:	\$1000		
\$500 \$2500	\$1500		
\$1000 \$5000	\$2000		
\$1500 \$2000			
Primary Care Co-Payyesno	Current Ortho Coverage:		
Specialty Co-Payyesno Health Savings Account Optionyes _	yesno		
No. of Full-time Employees (30 hours)	Number Participating	_	
140. of Fun-time Employees (30 hours)	Number Farticipating		
Employers Contribution Em (have to contribute at least 50% of employ			
Daguestad Effective Date	Current Carrier		



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Group Health & Dental Census Form

Enrollees Name	Gender	Date of Birth	Relationship to Employee
	1		

Note: Final rates are dependent on total census including all employees and dependents, information needed on all family members to be covered.

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