



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 Deductible:
\$500 _____ \$2500 _____
\$1000 _____ \$5000 _____
\$1500 _____
\$2000 _____

Dental Max:
\$1000 _____
\$1500 _____
\$2000 _____

Primary Care Co-Pay ___yes ___no
Specialty Co-Pay ___yes ___no
Health Savings Account Option ___yes ___no

Current Ortho Coverage:
_____yes _____no

No. of Full-time Employees (30 hours) _____ **Number Participating** _____

Employers Contribution _____ **Employee** _____ **Dependent** _____
(have to contribute at least 50% of employee only cost)

Requested Effective Date _____ **Current Carrier** _____

