

# The Premium Saver - Request for Quote

Watch the Premium Saver video [www.mwggapplans.com/premiumsaver.html](http://www.mwggapplans.com/premiumsaver.html)

## Instructions

1. Fill out all **Blue** highlighted sections below (required).  
When considering the "best" Alternate Plan, look for a plan design that
  - a. Reduces the employee renewal rate by \$100 or more (normally 28% to 45% reduction)
  - b. Email to your Product Specialist, to marketing @morganwhite.com or fax 601 956 1702 - this quote request, the major medical renewal -on carrier form- (**required in MS**, recommended for all states), the alternate plan quote information- on carrier form- (**required in MS**, recommended for all states)
2. No excluded groups, minimum group size is 5, maximum benefit for groups less than 15 is \$4,500 benefit
3. For more information call 1-800-800-1397 MWG Marketing

<b>Employer Name:</b>		<b>Telephone:</b>
<b>Employer Address:</b>		
<b>Employer City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Nature of business</b>	<b>SIC Code:</b>	<b>Effective Date:</b>
<b>Agent Name:</b>	<b>Email:</b>	<b>Telephone:</b>

## Employer's Objective

Describe what the employer wants to accomplish using the Premium Saver.

Current Plan		Alternate Plan	
<b>Medical Carrier</b>		<b>Medical Carrier</b>	
<b>Deductible Amount</b>	\$	<b>Deductible Amount</b>	\$
<b>Co-Insurance</b>	%	<b>Co-Insurance</b>	%
<b>Co-Insurance Out of Pocket</b>	\$	<b>Co-Insurance Out of Pocket</b>	\$
<b>Is Deductible included in OOP?</b>	Yes / No	<b>Is Deductible included in OOP?</b>	Yes / No
<b>Doctor Co Pays</b>	\$	<b>Doctor Co Pays</b>	\$
<b>Drug Co Pays</b>	\$	<b>Drug Co Pays</b>	\$
<b>Drug Deductible Amount</b>	\$	<b>Drug Deductible Amount</b>	\$
<b>Renewal Date</b>		<b>Renewal Date</b>	
<b>Notes</b>		<b>Notes</b>	

Coverage	# of Employees Enrolling	Current Plan Premium	Renewal Premium	Alternate Plan Premium	Savings Goal = employee rate \$100 savings
Employee		\$	\$	\$	\$
Employee and Spouse		\$	\$	\$	\$
Employee and Child(ren)		\$	\$	\$	\$
Family		\$	\$	\$	\$
<b>Totals</b>					

## Premium Saver Plan Design (please enter the plan design you want quoted)

<b>Deductible Amount (Per Person)</b>	
<b>Deductible Type (Calendar Year or Plan Year)</b>	
<b>Co-Insurance %</b>	
<b>Co-Insurance \$ Amount (Excludes Deductible)</b>	
<b>Benefit Amount</b>	
<b>Commission %</b>	

Prior Plan Deductible Credit Rider and Allied Service Rider are included with all quotes.  
\*\*\* The Allied Service Rider premium is non-commissionable (approximately 5% to 15% of the premium)