

Quote Request Form

Company Information

Full company name:

Address:

Postcode:

Incumbent health cash plan provider: (if applicable)

Employees

Total number of UK based employees to be covered:

Number of employees with Solo cover:

Number of employees with Dual cover:

Scheme Options

Proactive:

10-24 employees

25+ employees

Optional Extras

+ Add EAP (covering all employees)

+ Add £100 PMI Excess

+ Add £200 PMI Excess

+ Add £250 PMI Excess

Number of employees requiring PMI cover:

Solo

Cover:

Dual

Cover:

Plus:

25+ employees

Optional Extras

+ Add EAP (covering all employees)

+ Add £100 PMI Excess

+ Add £200 PMI Excess

+ Add £250 PMI Excess

Number of employees requiring PMI cover:

Solo

Cover:

Dual

Cover:

Active:

Company funded

Voluntary

Flex:

Medicash Listen:

Company funded level of cover: (if applicable)