

# KSI CONSULTING, LLC

*Specialty Insurance Professionals*

## Student Health Insurance Request for Quotation

Name of School: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Dept.: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 What date would you like a proposal on or before?: \_\_\_\_\_

### Annual Premium Rate Information

<i>Student Only Rate:</i>	Domestic Annual Rate Per Student:	International Annual Rate Per Student:
Current Year	_____	_____
1 <sup>st</sup> Prior Year	_____	_____
2 <sup>nd</sup> Prior Year	_____	_____
3 <sup>rd</sup> Prior Year	_____	_____

Student coverage is:  
 Voluntary (students enroll by choice)  
 Mandatory (premium is included in tuition fees)  
 Hard Waiver (premium is included in tuition fees, but will be removed by proof of other coverage)

Does plan enrollment vary for groups of students? (i.e. Graduate or International students)  
 No  Yes, if yes please explain: \_\_\_\_\_

Is Dependent Coverage offered?: \_\_\_\_\_

Is coverage for Part-Time students available? \_\_\_\_\_

### Plan Experience Information

	Total Premiums Remitted to the Insurance Carrier:	Total Claims Paid:	Total # of Insured Students	Last Claim Report Date:
Current Year	_____	_____	_____	_____
1 <sup>st</sup> Prior Year	_____	_____	_____	_____
2 <sup>nd</sup> Prior Year	_____	_____	_____	_____
3 <sup>rd</sup> Prior Year	_____	_____	_____	_____

Does your school have a Student Health Center? \_\_\_\_\_

If yes, please X the correct description:

\_\_\_\_\_ Health Center is staffed by a registered nurse and a physician is contracted to provide services.

\_\_\_\_\_ Health Center has a physician on staff during normal hours.

\_\_\_\_\_ Neither (please explain) \_\_\_\_\_

What changes would you like made to your current plan design?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In addition to answering the above questions please enclose all available loss reports from your plan administrator and a student insurance brochure for the current year. If there have been plan changes in the past three years, please enclose a student insurance brochure for the prior years.

Please fax your quotation request to KSI Consulting, LLC at 770-242-6252, attention Steve Kapusta or it may be emailed to [steve@ksicons.com](mailto:steve@ksicons.com). Please do not hesitate to contact us at 770-310-1181 with any questions.