

Important: Download this form to your computer before you start typing. If you don't, what you've typed will be lost when you try to save or print.

Use this form to request a quote for DentaPak NY. See underwriting guidelines [here](#).

COMPANY INFORMATION	<input type="text"/>	
	COMPANY NAME	
	<input type="text"/>	
	COMPLETE COMPANY ADDRESS	
	<input type="text"/>	
	COMPANY WEBSITE ADDRESS	
	<input type="text"/>	<input type="text"/>
INDUSTRY	NO. OF COMPANY FULL-TIME EMPLOYEES	
<input type="text"/>		
PRIMARY MEDICAL PLAN RENEWAL		
<input type="text"/>		
EFFECTIVE COVERAGE DATE FOR DENTAPAK NY (1ST OF THE MONTH ONLY)		

BROKER INFORMATION	<input type="text"/>	
	BROKER NAME	
	<input type="text"/>	
	AGENCY	
	<input type="text"/>	<input type="text"/>
	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	
CITY	STATE	

Employees to Quote

Provide the following for each participant to be included in this quote for DentaPak NY. Use [this Excel document](#) or your own with the following:

- » Name (First and Last)
- » Number of Dependent Children (if applicable) *Note: The riders are only available when the average number of dependent children is 3 or less per family.*
- » Birth Date
- » Gender (M/F)

Secure submission required!

For your client's protection, please submit this form and attachments securely at <https://securemail.armadacorp.net/messaging> (address the email to solutions@armadacare.com).

Questions? Call 1-800-481-3380.

ArmadaCare's plans are underwritten by Sirius America Insurance Company ("Sirius America").
Sirius America has an A.M. Best Financial Strength Rating of "A" (Excellent) as of November 29, 2018.

