



Request for Quote

Client Name _____
Requested Date _____
Due Date _____
Bid Year _____

	2018-19	2017-18	2016-17	2015-16
Rates	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available
Fees	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available
Enrollment	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available
Premium	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available
Claims	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available
Large Claims	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available
Benefits/Brochures	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included	<input type="checkbox"/> Included
	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available

Thank you for giving Dissinger Reed the opportunity to provide your College or University with a Student Health Insurance Proposal. We will use this information to provide you with a quote that best fits your program's needs.

Additional Comments: