



Accident and Health Division  
 4507 N Front St • Suite 200 • Harrisburg, PA 17110-1787  
 PO Box 3153 • Harrisburg, PA 17105-3153  
 Phone: 800-692-7338 • Local: 717-540-0600

**Gap Insurance - Quote Request Form where no composite rates are available.**

**\*Please complete all fields to ensure a prompt response.**

**Group Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Group Address:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Current Carrier:** \_\_\_\_\_ **New Carrier:** \_\_\_\_\_

**Broker's Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Broker's Address:** \_\_\_\_\_

**Phone / Email (new broker):** \_\_\_\_\_

Include coverage for **physician office visit:** Yes \_\_\_\_\_ No \_\_\_\_\_

(There is an **additional charge** to include coverage for physician office visit copays)

	<u><b>Individual</b></u>	<u><b>Family</b></u>
<b>New Plan Deductibles</b> (Major Medical Deductible)	\$ _____	\$ _____
<b>GAP Pays Last</b> (Maximum benefit under GAP Plan)	\$ _____	\$ _____
<b>Employee Pays First</b> (Employee responsibility under GAP Plan)	\$ _____	\$ _____

**Number of Contracts**

**Employee Only** \_\_\_\_\_ **Employee & Child/ren** \_\_\_\_\_ **Employee & Spouse** \_\_\_\_\_ **Family** \_\_\_\_\_

*On behalf of AXIS the Underwriting Company*

**Please Note: No other information is required for a quote. Do not attach any plan summaries or censuses. Only return this one-page Quote Request Form which contains no privacy information and therefore no encryption is required. We cannot accept encrypted forms.**