

Firm Name	
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Name	Gender	Current Age** or Birth Date	Spouse Coverage	Children Coverage	Life Only
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
6.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
7.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
8.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
9.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
10.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
11.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
12.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
13.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
14.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	___# of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>

\*\* Current age information is vital for an accurate quote. Please try to ensure current age information.

# Take Advantage of Your Association's Group Health Program

## Dear Business Owner:

The Tool, Die, & Machining Association of Wisconsin invites you to examine the group health program, underwritten by Federated Insurance Companies.

### Check these advantages:

- ✓ Plan of Choice (PPO go where you want to go)
- ✓ Catastrophic Transplant Coverage (Transplant Network Included)
- ✓ Many Plan Options
- ✓ National Travel Network
- ✓ Claims service with personalized attention
- ✓ Encompass – Utilization Review
- ✓ Preventive care available
- ✓ Dental plans available
- ✓ \$3,000,000 lifetime limit
- ✓ Deductible carry-forward (for new firms)
- ✓ Prescription Drug Card
- ✓ Defined Reimbursement approach available
- ✓ Health Savings Account available

Federated is your association-recommended carrier for group health products. WHY? Because Federated has many years' experience working with trade associations. Working together helps lower administrative costs.

The Tool, Die, & Machining Association of Wisconsin also recommends Federated for workers compensation, property and casualty insurance, and for financial protection services.

For a no-obligation quote on your firm's group health insurance, complete both sides of this sheet and, along with copies of your current billing statement and current plan design, FAX or mail to the association office today. If you have additional questions, feel free to call our Executive Secretary, Becky Fisher, at (262) 532-2440.

Tool, Die, & Machining  
Association of Wisconsin  
FAX: (262) 532-2430

W175 N11117 Stonewood Drive, Suite 204  
Germantown, WI 53022

*Yes! I want to ✓ check the advantages of the association group health plan!*

Firm: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

FAX: (    ) \_\_\_\_\_

Full-Time Employees: \_\_\_\_\_

Part-Time Employees: \_\_\_\_\_

Total Employees: \_\_\_\_\_

### Contribution Amount:

% or \$ of Employee Cost \_\_\_\_\_

% or \$ of Dependent Cost \_\_\_\_\_

### Deductible Option:

\$300     \$500     \$750     \$1,000  
 \$1,500     \$2,000     \$2,500     \$5,000

### Life Insurance Level\*:

\$15,000     \$20,000     \$ \_\_\_\_\_

\* Minimum level of Life Insurance is \$15,000

Dental Coverage?     Yes     No

50/50 Drug Card Option\*\*:     Yes     No

\*\*Not available on all plans

Short-Term Disability (26 weeks):

\$100     \$150     \$200     \$300

