

Association of Early Childhood Educators (AECEA) Benefit Program - Request for Quotation

Company Name:

Contact Person:

Address:

Phone Number:

E-mail Address:

Current Coverage (Y or N):

(if yes, please supply recent billing statement)

	Employee Name	M or F	DOB mm/dd/yyyy	Coverage: Single, Family or Waive*	Salary	AECEA Member (Y or N) **	Job Title
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

* An employee can only waive coverage if they have coverage in place through a spousal plan

** There are certain membership requirements in order to be eligible to participate in the program, however a quote can be obtained regardless

When complete, please fax or scan the form to the following:

Fax: 780-451-4494

E-mail: acca@benefexconsulting.com



Your AECEA Benefits Plan Partners

Questions, please contact Randy or Kyle (Benefex Consulting) at 780-451-4476 (toll-free: 1-866-525-5055), or by e-mail: acca@benefexconsulting.com.