



*"Freedom from payroll administration burdens and H.R. responsibilities"*

**Rate Quote Information Sheet**

Name of Business \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Name \_\_\_\_\_

Estimated Gross Annual Payroll \$ \_\_\_\_\_ Pay Cycle \_\_\_\_\_  
 (weekly, bi-weekly, monthly, other)

**Salary Information:**

Salary amounts:	Number of employees paid this salary
\$ 20,000 _____	_____ 2 _____ (example)
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

**Hourly Employee Information:**

Hourly wage amounts:	Number of employees paid this rate:
\$ 9.00 _____	_____ 3 _____ (example)
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Number of full time (30+ hours a week) employees: \_\_\_\_\_

Number of part time (<30 hours a week) employees: \_\_\_\_\_

Alaska State Unemployment number \_\_\_\_\_ Rate \_\_\_\_\_%

**Insurance**

Worker's Compensation W/C Code \_\_\_\_\_ W/C % \_\_\_\_\_

Or annual Premium \$ \_\_\_\_\_ Policy Limits \_\_\_\_\_

**Current Health Insurance**

Premium # of employees covered Co. contribution

\$ _____	_____	Per employee	Single
\$ _____	_____	Per employee	+ Spouse
\$ _____	_____	Per employee	Family

Coverage's: Deductible \_\_\_\_\_ Co-pay % \_\_\_\_\_ Out of Pocket \$ \_\_\_\_\_

Dental Y / N Premium \$ \_\_\_\_\_ Single \$ \_\_\_\_\_ + Spouse \$ \_\_\_\_\_ Family

Vision Y / N Premium \$ \_\_\_\_\_ Single \$ \_\_\_\_\_ + Spouse \$ \_\_\_\_\_ Family

- Please attach a written description of your business and job descriptions for each employee position.
- Fax to either the Anchorage or the Wasilla fax number at the top of this form.