

Request Form:

Company Name: _____

Contact Name & Title: _____

Telephone : _____

Email: _____

of Eligible Employees: _____

If you are unable to accurately respond to any of the questions for any reason, please contact your Global Rescue advisor; they will be more than happy to offer guidance or clarification.

TotalCareSM Health Services:

On-demand virtual access to urgent, primary, and specialty care from paramedics, nurses, and physicians.

- In how many locations, and where, does your organization operate? _____

- Do you offer some form of health insurance? YES NO

- Who is your current health insurance provider? _____

- What type of plan(s) do you offer your eligible employees? _____

- How many eligible employees participate in the plan(s)? _____

- What is the end date of your current plan? _____

- Are you self-insured? YES NO
 - **IF YES** – Do you self-insure in a captive? _____

 - **IF NO** – Who underwrites your plan? _____

- Are you interested in reducing your health insurance costs? YES NO

- Are you interested in providing better access to high quality care for your employees? YES NO

- Are you interested in offering a healthcare benefit to employees who do not qualify for your health insurance plan? YES NO