

INEDA

GET STARTED

Your Name

Your Organization Name

Address

Street Address

Street Address Line 2

City

State

Postal/Zip Code

Your Contact Information - Email and Phone

example@example.com

Please enter a valid phone number.

Final Steps

These additional documents are required in order to receive specific insurance pricing for your organization. Please attach any available documents now, or you may submit them to the Benefits Advisor Team later.

- 1 Current plan summary
- 2 Copy of your current medical plan invoice
- 3 Your most recent Wage & Tax report
Iowa = Form 65-5300
Nebraska = Form UI 11W

PLEASE PICK ONE OPTION TO SEND:



MAIL

INEDA Employee Benefits
301 Oak Ridge Circle
Waverly, IA 50677



FAX

319.352.2075



EMAIL

healthcare@ineda.com

The INEDA Benefit Advisors will set up a review meeting within 10 business days to review your specific pricing and talk about any additional coverages you might want to incorporate.