



WESTERN GROCERS EMPLOYEE BENEFITS TRUST

2021 Health Insurance Quotes are now available **Benefit Plans Designed For Your Business**

Dear Eligible Employer,

We are writing to ask if you would like to learn what Western Grocers Trust can offer for your employee benefits in 2021. The Trust has a new partnership with PacificSource Health Plans that members are really pleased with.

Participants in the 2020 plan year received a *one month premium holiday* resulting from excess funds in the Trust. A similar distribution is planned for 2021 if the finances remain as predicted. PacificSource also directly refunded ½ months premium on Dental Insurance because of better than expected results in 2020. These cost savings were greatly appreciated by members.

As an eligible business, we invite you to send us your group information on the enclosed *Request for Quote* form so we can prepare plan options for you with no obligation.

The Trust offers solutions designed exclusively for *retail Grocery, Food Industry, and Hardware stores*. Business owners appreciate a program exclusively designed to meet the needs of their employees and their budgets with superior personalized service.

We hope we might have an opportunity to serve your needs! The documents enclosed are all you need to request a quote. Or please feel free to call us for more information, or simply go to our website to request a proposal.

Contact us for more information

Tom Newton
WESTERN GROCERS BENEFITS SERVICES
LIC #1208074
C: 503.718.8236
E: tomn@westerngrocerstrust.com

- or visit our website to learn more about our group –

www.WesternGrocersTrust.com

(use employer access code: wgt14)



REQUEST FOR QUOTE

We make it easy! Use any of the following methods to request rates for your benefit plan.

- Complete the information below and FAX or Mail it to us
- Visit our website and submit a request for quote – www.WesternGrocersTrust.com
- Call Tom Newton at 503-718-8236 or Jody Brown 800-777-3603 ext 4604
- Email to: tomn@westerngrocerstrust.com

TELL US ABOUT YOU				
Business Name		Contact Name		
Physical Address		City	State	Zip
Mailing Address / <input type="checkbox"/> same		City	State	Zip
Business Phone	Fax	Email		
CENSUS OF ALL PARTICPATING EMPLOYEES & DEPENDENTS				
[E]mployee or [D]ependent	Last Name	First Name Initial only	Date of Birth xx/xx/xxxx	<p>Need more space?</p> <p>Long Form enclosed</p> <p>Or feel free to send us your own spreadsheet</p>
ABOUT YOUR CURRENT BENEFITS				
Total Employees	Total Employees Eligible for Benefits	Total Employees Participating	Current Insurer	Renewal Date for Current Plan

SIMPLY FAX, MAIL or EMAIL THIS COMPLETED PAGE:

Fax Number: 503.968.2817
Email: tomn@westerngrocerstrust.com

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