



Group Insurance Information Request

All information submitted is treated as confidential.

Business Name		Business Contact and Title		Business Phone Number	
Business Address				Business Fax Number	
Length of Time in Business		Description of Business Activity		Business E-Mail	
Does Company Split The Cost Of Insurance With Employees? If yes, please describe. Use separate sheet if necessary.					
How many hours per week must an individual work to be considered a full-time employee?			Name of current insurance carrier(s). Please enclose a copy of current rates and benefits.		

Employee Name	Birthdate (MM/DD/YYYY)	Home Zip Code	Sex (M or F)	Family Status S=Single Employee PCN= EE +child(ren) C=Couple F=Full Family	Number of hours/week	Basic Earnings (not including overtime or bonuses) Indicate whether Hourly, Weekly, Monthly, or Yearly	E-Mail Address	Social Sec. Number	Does the Employee currently smoke? (Yes or No)	Job Title
Complete information in these columns for ALL individuals enrolling for ANY type of insurance coverage						Please note: seasonal, part-time and retired employees are NOT eligible for group life and/or disability coverage.				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Please continue listing any additional employee information using additional copies of this form.

Authorized Group Representative Signature	Date Completed
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IMPORTANT: This information will be used to provide a group customer with a quote for health, life, dental, legal, and/or disability insurance. Actual pricing is dependent on actual enrollment information when coverage is selected.

To obtain a quote for insurance, complete this form and return to:

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Knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.