



QUOTE REQUEST FORM

DATE:				AGENT:			
GROUP NAME:							
MAILING ADDRESS:					EMAIL:		
CITY:			STATE:		ZIP:		
PHONE:		FAX:		FEDERAL TAX ID #:			
INDUSTRY DESCRIPTION:				EFFECTIVE DATE:			
NUMBER	ELIGIBLE EMPLOYEE NAME	SEX	AGE	DEPENDENT CODE*	# OF CHILDREN	COBRA (Y/N)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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22							
23							
24							
25							

*EE = SINGLE / ES = EMPLOYEE & SPOUSE / EC = EMPLOYEE & CHILD(REN) / FF = EMPLOYEE, SPOUSE & CHILD(REN)