

REQUEST FOR SMALL GROUP QUOTE

To help us provide you with accurate small group proposals, please provide as much of the following information as you can, and return it with a completed personnel census form to Mark Brenman (fax: 847-564-4451).

Rates will be available within 48 hours.

Current insurance carrier: _____

Current deductible: _____

Current Dr. visit co-pay: _____

Current out-of-pocket limit: _____

Current co-insurance rate: _____

Current estimated monthly premium: _____

Desired deductible: _____

Desired Dr. visit co-pay: _____

Desired out-of-pocket limit: _____

Desired co-insurance rate: _____

I would like more information on the following:

Individual Health Insurance

Group Health Coverage

Business Name _____ Contact _____
 Phone # _____ Fax # _____
 Cell phone # _____ E-mail Address _____
 Address _____ City _____
 Type of Business _____ Zip _____

PLEASE FILL OUT PERSONNEL CENSUS:

	Employee Name	Sex	Date of Birth	T*	NT*	Spouse Date of Birth	T*	NT*	# of Children	<u>Home</u> Zip Code
1										
2										
3										
4										
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6										
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8										
9										
10										
11										
12										
13										
14										
15										
16										

* Please check "T" for tobacco use or "NT" for non-tobacco use.

PERSONNEL CENSUS (PAGE 2):

	Employee Name	Sex	Date of Birth	T*	NT*	Spouse Date of Birth	T*	NT*	# of Children	<u>Home</u> Zip Code
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