

APPLICATION FOR GROUP BENEFITS QUOTATION

Your Company Name: _____

Your Company Address: _____

Phone Number: _____

We are interested in a quotation including the following benefits:

Check Here

- 1. Group Term Life Insurance and A.D. & D. _____
- 2. Dependent Life Insurance _____
- 3. Short Term Disability _____
- 4. Long Term Disability _____
- 5. Extended Health Benefit _____
- 6. Dental Benefit _____

*All full-time employees must be included on the following data sheet.
Please indicate which employees are opting out due to spousal coverage.*

Name	Date of Birth	Salary	Occupation	Coverage F-Family S-Single
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT

To assist us in providing a quick, efficient and comparative quotation, please provide all employee data requested.
If you presently have group benefit package, a copy of your present coverages and recent billing, will also assist us in preparing your quotation.

Thank you for your interest.