



**Employer Name:** \_\_\_\_\_ **Employer Contact's Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Employer Contact Phone / Fax:** \_\_\_\_\_

\_\_\_\_\_ **Current Insurance Company's Name:** \_\_\_\_\_

	<b>Employee Name</b>	<b>Date of Birth MM/DD/YYYY</b>	<b>Sex</b>	<b>Does the employee want coverage?</b>	<b>Will the spouse be covered?</b>	<b>How many dependent children will be covered?</b>	<b>Annual Salary **</b>	<b>Job Title / Occupation</b>
1.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
2.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
3.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
4.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
5.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
6.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
7.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
8.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
9.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
10.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
11.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
12.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
13.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
14.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
15.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
16.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
17.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
18.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
19.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____
20.	_____	/ /	M / F	Yes / No	N/A / Yes / No	0 1 2 3+	_____	_____

\*\* - For short- or long-term disability quote.