

COMPANY INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Contact Name:	Phone:	Fax:
Current Carrier:		Effective Date:
Broker Name:	Phone:	Fax:

	Employee Name	Date of Birth	Sex	Coverage Status (s)ingle; (p)arent/child; (h)usband/wife; (f)amily	Zip Code	Waiving?
1						
2						
3						
4						
5						
6						
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11						
12						
13						
14						
15						
16						
17						
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20						
21						
22						
23						

PRESENT COVERAGE		REQUESTED COVERAGE	
Type of Coverage		Type of Coverage	
Co-Pay		Co-Pay	
Hospital Copay		Hospital Copay	
Deductible		Deductible	
Co-Insurance		Co-Insurance	
Stop/Loss		Stop/Loss	
RX Card		RX Card	

CURRENT RATES:			
Single:	H/W:	P/C:	Family: