Return to - jim@uswolfe.com or Fax to 815-377-3556

Policy Number:_____ Date:_____/_____/_____

Group Health Quote Census

Group Name:_____ Group Contact Person:_____

Group Address: _____

City:_____ State:_____ Zip:_____ **Agent** Name:_____

Group Phone #:_____ Fax#:_____ **Agent** Phone #:_____ Fax#:_____

Current Coverage Information:

What is the current insurance company?_____ What is current plan? (eg. PPO, HMO) _____

What style is current plan? (eg. 90/10 – 70/30 up to $5,000)_____

What is the current deductible? (eg. $500)_____ Does the group have a carrier in mind for this quote? _____

Does the group wish to have a PPO, HMO, MSA etc…? _____

Employee Name	Sex (M/F)	Employee's Age	Employee's Spouses' Age	Coverage Type** (See Below)	Occupation	Annual Salary	Employee Home Zip Code

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Policy Number:_____ Date:_____/_____/_____ 2

****Coverage Type, fill in one of the following options**: **E** = Employee Only, **ES** = Employee & Spouse Only, **F** = Family Plan, **EC** = Employee & Dependent Children Only, **W** = Waiving Coverage

If you have more than 25 eligible employees please make enough copies of **page two** in order to complete this census.