

ALL PLAN MED-QUOTE

7 Switchbud Place, Bldg. C-192 #250, The Woodlands, TX 77380

Office: 281-367-6565; Fax: 281-252-3147

CALL AGENTS: KENTON HENRY OR VICKI WHALEY

GROUP QUOTE REQUEST

GROUP NAME: _____ CONTACT: _____

CITY, COUNTY: _____ PHONE: _____

STATE & ZIP CODE: _____ FAX: _____

DESCRIPTION OF BUSINESS OR SIC CODE: _____

DESIRED COVERAGE

TYPE OF PLAN	DEDUCTIBLE	CO-INSURANCE	STOP LOSS
PPO _____	\$250 _____	90% _____	\$5,000 _____
HMO _____	\$500 _____	80% _____	\$10,000 _____
DUAL OPTION _____	\$1000 _____	50% _____	OTHER _____
INDEMNITY _____	OTHER _____	OTHER _____	

OPTIONS

DR. CO-PAY _____	WELLNESS _____	LIFE INSURANCE _____
PRESCRIPTION CARD _____	MATERNITY _____	DISABILITY _____
SUPPLEMENTAL ACCIDENT _____	DENTAL _____	OTHER _____
COMMENTS _____		

EMPLOYEE CENSUS

EMPLOYEE	GENDER	AGE	*STATUS	SPOUSE AGE	CHILDREN #	EMPLOYEE	GENDER	AGE	*STATUS	SPOUSE	CHILDREN
1						21					
2						22					
3						23					
4						24					
5						25					
6						26					
7						27					
8						28					
9						29					
10						30					
11						31					
12						32					
13						33					
14						34					
15						35					
16						36					
17						37					
18						38					
19						39					
20						40					

*Status Choices: EE=Employee Only; ES=Employee & Spouse; EC=Employee & Child(ren); FF=Full Family
Please Fax Quotes to 281-252-3147 Thank You!