



A full range of *services* for our clients

### group information form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

# of Employees: \_\_\_\_\_ Industry/SIC: \_\_\_\_\_

\_\_\_\_\_

**Current Coverage**

**Carrier(s)/Administrator**

**Renewal Date**

Medical: \_\_\_\_\_

Dental: \_\_\_\_\_

Supplemental Benefits: \_\_\_\_\_

Section 125/FSA: \_\_\_\_\_

Other: \_\_\_\_\_

Employer Contribution: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

