BRAD SHIVERS INSURANCE AGENCY

Employer Health Insurance Quote Request

Full Legal Name of the Business Actual Physical Address City Physical Address City Mailing Address City Information Needed by Insurance Companies and Health Plans for Quotes Primary Business Activity of the firm Current Insurance Company or None Your Company Policy Important Numbers Your Company Policy Important Numbers Total number of employees working over 17.5 hours per week on a regular basis. For Oregon SEHI applicability. Percentage of the premium for the dependent portion you are planning to contribute, Must be 50% minimum. Percentage of the premium for the dependent portion you are planning to contribute, Must be 50% minimum. Types of Coverage You Plan to Offer Health Prescription Dental Life Short-Term Long-Term Other	l	nformatio	n About	Your	Con	npar	ny		Contac	ct Information
State OR Zip Code FAX								Na	nme	
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Existing Benefits If You Currently Have Group Insurance	A	Existing	Benefi	ts If Y	ou C	urre	ently Have G	roup	Insura	nce
Physician Deductible or Coinsurance Stop-Loss or Out of pocket		De	eductible or			С	pinsurance	-	Stop-L	oss or
Any Other Features Important to You?	Any Other Features	<u> </u>					1			

Title or Position

Authorized

Signature

Date

BRAD SHIVERS INSURANCE AGENCY

Employee Census

Name of Business	Date	

Employee Persor	al In	format	ion	En	nploye	e Statı	ıs	En	rollme	nt Stat	us
Employee Name	Sex	Age	Date Of Birth	Employee	Employee and Spouse	Employee and Family	Employee and Children (Child)	Eligible and Enrolling	Waiving for Other Group Coverage	Still in Walting Period	Not Eligible or Part-Time
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			800 marks								
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	Signature and Instructions		
Authorized Signature	Date		
FAX Quote Req	407-898-6103		