Employee Benefit Quote Request Form

To: Group Insurance Attention: Brandy Jackson Phone: 800-375-1000 Fax: 800-874-3489 Email: brandyj@groupinsuranceinc.com	Group Insurance Inc. 3636 Sherwood Forest Blvd., Ste. 111 Baton Rouge, LA 70816 Phone: 800-375-1000 Fax: 800-874-3489 www.groupinsuranceinc.com	

Company Information

Company Name:	
Address:	
City, State, Zip:	
Nature of Business/SIC:	

Agent Information

Agent Name:	
Phone Number:	
Email Address:	

Plan Information

Plan Type:	Medical Insurance		Dental Insurance			Life Insurance
Current Carrier:						
Renewal Date:						
	In-Network	Out-Network		In-Network	Out-Network	Benefit Amount:
Deductible:			Deductible:			
Coinsurance:			Preventive:			**Disability Insurance ***
Out-of-Pocket:			Basic:			Long-Term:
Office Visit Copay:			Major:			Short-Term:
Rx Drug Copay:			Annual Max:			* Salary & Occ. Needed

Employee Census

Name (Optional)	Age / DOB	Gender	Type of Coverage	Current Rate	Salary(for Di & Life only)