



Simplified Request for Group Health Insurance Quotes - PDF Fillable Form

Our Fax: 888.583.3110		Our Phone: 888.611.SHOP		E-mail: info@insuranceshopllc.com	
Our Web: www.insuranceshopllc.com					
* Please answer the questions you can. You may leave columns blank if you are not sure how to answer certain questions.					
Your Information:					
Name:					
Company:		Phone:			
Address					
City:		State:		Zip:	
Email:		Fax:			
Current Health Information:					
Current Carrier:		Renewal Date:			
Employee Contribution %:		Family Contribution %:			
Number of Employees:		Number participating:			
Plan Design:					
Type of plan desired (HMO/PPO/HSA):					
Do you want maternity coverage:		(may depend on group size)			
Deductible:		Office Co-Pay:			
Co-insurance:		Drug Co-Pay:			
General Questions:					
What do you like or dislike about your current plan?					
Any health problems that could affect premium? Please Explain.					
Any special requests or instructions?					
How did you hear about us?					