



GROUP INSURANCE CONCEPTS

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www.myinsuranceguy.com ♦ e-mail: info@myinsuranceguy.com
Call **Mike DeVito** or **Walt Gallas** if you have any questions or need help.

PLEASE COMPLETE AND FAX THIS FORM TO: 815.899.0949

General Information

Company Name: _____ Date: ____/____/____

Your Name/Title: _____

Company Description: _____

SIC Code if known: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office #: _____ Ext #: _____

Fax #: _____

Other #: _____ Type: _____

Email: _____

Please Contact Me By: Office # Fax # Other # Email

How did you find us?: Search Engine Website Link Referred by Family/Friend

Yellow Pages Newspaper/Magazine Employee of this Agency Other: _____

Please deliver my quotes Via: Email in a . pdf format (requires Adobe Acrobat Viewer)

US Priority Mail

If Email or Mail Address different than above, please enter optional delivery address below:

Employee Information

of Full Time Employees: _____ # of Part Time Employees: _____

of Full Time Employees to be insured: _____

Current Group Insurance Information (If applicable)

Name of Current Insurer: _____

Renewal Date: _____

What do you like or dislike about your current plan: _____

About Your Quote

What would you like to see on your quote. Please complete all that apply...

Requested Effective Date: _____

HSA: Yes No

PPO: Yes No

HMO: Yes No

Dr Office Co-Pay: Yes No

RX Card: Yes No

Dental: Yes No

Deductible: \$ _____

Coinsurance: \$ _____

Disability: Yes No Amount: \$ _____

Life: Yes No Amount: \$ _____

Personnel Census

NO.	EMPLOYEE NAME	EMPLOYEE SEX	EMPLOYEE DOB	SPOUSE SEX	SPOUSE DOB	NUMBER OF CHILDREN
1.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
2.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
3.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
4.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
5.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
6.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
7.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
8.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
9.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
10.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
11.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
12.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
13.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
14.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
15.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
16.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
17.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
18.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
19.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
20.		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	
Comments:						

Fax To: 815.899.0949
 (USE ADDITIONAL CENSUS FORMS AS NECESSARY)