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|--------------------------------------|-------------------------------|-----------------------------|-------------------|----|-------------------------|
| Quote Department | David Jones Insurance, Inc | Phone 800-590-2531 | | | |
| Email: david@davidjonesinsurance.com | | Fax 800-590-2559 | | | |
| Census Template | | | | | |
| Agent Name: | David Jones | Agent Phone: | 800-590-2531 | | |
| Agent E-mail: | david@davidjonesinsurance.com | Agent Fax: | 800-590-2559 | | |
| | | | | | |
| Group Name: | | | Effective Date: | | |
| Group Location: | | | # Eligible EE's: | | |
| Nature of Business: | | | # EE's Enrolling: | | |
| | | | | | |
| Requested Carriers: | Aetna | Blue Cross Blue Shield | United HealthCare | | |
| | | | | | |
| Requested Benefits: | HMO | POS | PPO | MC | HSA Dental Life STD LTD |
| | | | | | |
| Current Coverage? | Yes/No Current Carrier_____ | | | | |
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| Benefit Request Notes: | | | | | |
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| Aetna Request: | | | | | |
| Blue Cross Request: | | | | | |
| United HealthCare: | | | | | |
| Group Health Insurance Quote Request | | | | | |
| Current Rates: | | | | | |
| Employee Contrib.: | | | | | |
| Notes: | | | | | |
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| Census Information: | | | | | |
| Gender | Age or DOB | Dependent Tier-EE,ES,EC,Fam | Home Zip Code | | |
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