

Company Name _____

Address _____

City/State/Zip _____

Contact Person _____

Contact Phone # _____

Current Insurer(s) _____

HMO PPO HMO High Deductible

Current Plan Name(s) _____

Plan Renewal Date(s) _____

Plan Monthly Premium(s) _____

Please summarize what you are hoping The Merriam Agency can do:

Yes! I am interested in considering the following options:

Dental Vision Life Disability

Family Status Key	
EE	- Employee Only
S	- Employee + Spouse
C	- Employee + Child(s)
F	- Employee + Family

Employee Name	Gender	Employee D.O.B.	Family Status	Spouse's D.O.B.	# of Children	Home Zip Code	Comments

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