

**COMPLETE FORM AND FAX TO 831.724.1089  
FOR ASSISTANCE, PLEASE CALL US AT 831.724.1085**



*SINCE 1908*

Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

|    | Employee Name | DOB or Age | Gender | Spouse to be Covered? | # of Children to be Covered | Home Zip Code |
|----|---------------|------------|--------|-----------------------|-----------------------------|---------------|
| 1  |               |            | M F    | Y N                   |                             |               |
| 2  |               |            | M F    | Y N                   |                             |               |
| 3  |               |            | M F    | Y N                   |                             |               |
| 4  |               |            | M F    | Y N                   |                             |               |
| 5  |               |            | M F    | Y N                   |                             |               |
| 6  |               |            | M F    | Y N                   |                             |               |
| 7  |               |            | M F    | Y N                   |                             |               |
| 8  |               |            | M F    | Y N                   |                             |               |
| 9  |               |            | M F    | Y N                   |                             |               |
| 10 |               |            | M F    | Y N                   |                             |               |
| 11 |               |            | M F    | Y N                   |                             |               |
| 12 |               |            | M F    | Y N                   |                             |               |
| 13 |               |            | M F    | Y N                   |                             |               |
| 14 |               |            | M F    | Y N                   |                             |               |
| 15 |               |            | M F    | Y N                   |                             |               |

For larger groups please copy this form and attach additional pages. Page \_\_\_\_\_ of \_\_\_\_\_

**I AM INTERESTED IN DISCUSSING:**

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Life Insurance
- International Medical Coverage
- Voluntary Benefits
- HSA (healthcare savings accounts)