

GROUP HEALTH INSURANCE PLANS

Did you know that if your business employs 2 or more employees in Oregon or Washington, you cannot be turned down for group health insurance, regardless of health?

Photo or artwork

Get a FREE, No Obligation Quote

To begin your group health insurance quote,
Please provide us with the following:

Business Name _____
Address _____
City _____ State _____ Zip Code _____
Contact First Name _____
Contact Last Name _____
Phone Number _____
Email Address _____
Total number of employees _____
Nature of business _____

How long in business? _____
Current health insurance company _____
Current dental insurance company _____
Additional Benefits: Vision Yes No
Life Yes No
Disability Yes No

Employee information

1. Age _____	Gender _____	will cover Spouse _____	Children _____
2. Age _____	Gender _____	will cover Spouse _____	Children _____
3. Age _____	Gender _____	will cover Spouse _____	Children _____
4. Age _____	Gender _____	will cover Spouse _____	Children _____
5. Age _____	Gender _____	will cover Spouse _____	Children _____
6. Age _____	Gender _____	will cover Spouse _____	Children _____
7. Age _____	Gender _____	will cover Spouse _____	Children _____
8. Age _____	Gender _____	will cover Spouse _____	Children _____
9. Age _____	Gender _____	will cover Spouse _____	Children _____
10. Age _____	Gender _____	will cover Spouse _____	Children _____
11. Age _____	Gender _____	will cover Spouse _____	Children _____
12. Age _____	Gender _____	will cover Spouse _____	Children _____
13. Age _____	Gender _____	will cover Spouse _____	Children _____
14. Age _____	Gender _____	will cover Spouse _____	Children _____
15. Age _____	Gender _____	will cover Spouse _____	Children _____
16. Age _____	Gender _____	will cover Spouse _____	Children _____
17. Age _____	Gender _____	will cover Spouse _____	Children _____
18. Age _____	Gender _____	will cover Spouse _____	Children _____
19. Age _____	Gender _____	will cover Spouse _____	Children _____
20. Age _____	Gender _____	will cover Spouse _____	Children _____
21. Age _____	Gender _____	will cover Spouse _____	Children _____
22. Age _____	Gender _____	will cover Spouse _____	Children _____
23. Age _____	Gender _____	will cover Spouse _____	Children _____
24. Age _____	Gender _____	will cover Spouse _____	Children _____
25. Age _____	Gender _____	will cover Spouse _____	Children _____

FAX this form to 503-244-5015 to receive your FREE Quote.