

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	
<b>EE</b>	- Employee Only
<b>S</b>	- Employee + Spouse
<b>C</b>	- Employee + Child(s)
<b>F</b>	- 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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