National Benefits Group, Inc.

Quotes

Agent Name: Agent Fax: 636-922-4619

Address: 1410 Triad Center St. Peters, Missouri 63376

Company Name:_____ Industry: _____

Address:_____ City:_____ State: _____ Zip: _____

Phone #_____ Fax #_____ E-mail:_____

Current Carrier:_____ Number of Employees:_____ Renewal Date:_____ Contact Name:_____

How long on Present Plan:_____ Deductible:_____ Co-Insurance:_____

Group Health Problems:_____

_____

Plans to be Quoted (Circle One): BC/BS UHC John Alden GHP UniCare BC/BS of Ill Benicorp Humana Mercy

Plan types (Circle One): PPO Pos HMO HSA (Circle Any That Apply): Disablity Dental Ortho

Deductible (Circle One): 250 500 1000 1500 2500 Maternity (Circle One): Yes No

Name	Sex	Age	Spouses Age	# of Kids

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