

Joseph H.D. Lee & Associates

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Email quotes@josephhdleeandassociates.com

Group Health Quote Form

This form will allow you to just click your cursor on a line and type in your data and use the tab key to move to the next line. Once completed click on the save button and then attach the saved file in an email or use the print button to print and mail or fax and finally the clear button to clear all data from the form. If you have any questions, please feel free to contact us.

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Industry or SIC Code _____

Contact Person _____

Phone _____ Fax _____

Email _____

Total Employees _____

Required Items:

1. We will also require a census of your employees. The following page is a census form you can use or you can attach your own. You can also just click on the line and use tab for next field.
2. **This only applies if you currently have group health insurance.** We would like a copy of your current benefit summary or a description of your current benefits so that we can find a plan to meet your company's needs.

You can mail, fax, or email this form to us.

Mail: Joseph H.D. Lee & Associates **Fax:** (636) 536-3032
Attn:Joey Attn: Joey
16100 Chesterfield Parkway W, Suite 205
Chesterfield, MO 63017

Email:quotes@josephhdleeandassociates.com

Group Census Form

Company Name _____

Employee Name	Gender	Date of Birth or Age	Coverage (see below)*	Zip Code
SAMPLE John Doe	M	03/14/1967	EE & SP(39) Child(2)	63113

* By coverage we are referring to Employee Only, EE & Spouse(age), EE & Children(number), EE & SP(age) Child(number), or WAIVE