

Framberger

EMPLOYEE

Benefits

& INSURANCE SERVICES

Inc.

PO Box 1142

San Luis Obispo, CA 93406

(805) 541-0462

FAX (805) 781-3121

info@frambergerbenefits.com

Census Information for Group Insurance Quote

Company Name:			
Contact Name:			
Physical address:			
Phone:	Fax	Email:	
Type or Nature of Business:			
Date business started:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership
How did you hear about us?			
Who is your current Health Insurance Carrier:			
Reason for considering change:	<input type="checkbox"/> Rates	<input type="checkbox"/> Poor Service	<input type="checkbox"/> Poor Benefits
<input type="checkbox"/> other (explain):			
Plans interested in:	Medical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Employee Name	Gender	DOB	*Coverage	DOB of Spouse	DOB of Child	DOB of Child	Zip code For home address
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

**Coverage: EE= Employee Only ES= Employee & Spouse EC= Employee & Child(ren) FA= Family