

# Office Employee Census For Small Group Health Insurance Quote



Please print all answers to the questions asked. Any missing info will delay processing your quote.

1. Applicant's name (First, Middle, Last): \_\_\_\_\_
2. Group name: \_\_\_\_\_ Number of employees: \_\_\_\_\_ Number of employees to be enrolled: \_\_\_\_\_
3. Practice address (Street, City, State, Zip): \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_
6. Do you have an existing small group health plan?  Yes  No  
If yes: Carrier: \_\_\_\_\_ Plan Name: \_\_\_\_\_ Renewal Date: \_\_\_\_\_
7. How would you like to receive your quote:  Phone  Fax  Email
8. Applicant Information:

Employee/Employer name	Gender	Date of Birth MM/DD/YY	County & ZIP of residence	Dependents to be enrolled		Check here if employee needs life insurance
				Spouse	Number of children	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	#	<input type="checkbox"/> None <input type="checkbox"/> Life

9. I'd like a quote for the following small group health insurance plans:  
Plan type:  
 HMO  
 PPO  
 HSA-compatible High Deductible Health
10. Small Group Plans available from:  
Plan type:  
 Aetna  
 Anthem Blue Cross

Questions: Please contact us at **800.733.0633**  
 Fax your completed Quick Quote Request Form to TDIC Insurance Solutions at **916.498.6104**  
 or mail to: TDIC Insurance Solutions  
 PO Box 1582  
 Sacramento, CA 95812-1582