Return to: PAMELA J. DEVOS, CBC-AGENT
Email: pjdevos@tx.rr.com
Phone: 972-335-2134
Fax: 972-377-8780

REQUEST FOR GROUP QUOTE

COMPANY NAME: _____

COMPANY ADDRESS: _____

_____

Available Products:
(Circle desired quotes)
HMO PPO Dental

YOUR NAME: _____ **YOUR PHONE NO:** _____

YOUR E-MAIL ADD: _____ **YOUR FAX NO:** _____

Standard Industry Code (SIC) or Business Industry Type: _____

Broker Name : **Pamela June Devos**

Where would you like your quote returned? Please give e-mail address or fax #: _____

Requested Effective Date: _____

Is This Management Only? (NOT ALLOWED) YES NO (circle one)

Is This Part Of An Association Or PEO? (NOT ALLOWED) YES NO (circle one)

Census Information - PLEASE COMPLETE FOR EACH EMPLOYEE

Birth Date	Sex	Dependent Status Employee Only, Couple, Family, Parent / Child	Home Zip Code	Smoker (S) Non Smoker (NS)	Employee's Height	Weight

Please identify the type of business you normally engage in: _____