



\*\*\*\*\* Best Source for Health Insurance \*\*\*\*\*

**Creative Employee Benefits, Inc.**

100 E. Corsicana Street

Athens, Texas 75751-2528

www.cebi-ins.com

Tel. 903-675-2009

E-mail: info@cebi-ins.com

Fax 214-242-4422

### Information Needed for Small Group Proposal

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

Renewal Date: \_\_\_\_\_ Business SIC Code (if known): \_\_\_\_\_

Are all employees covered by Workers' Compensation Insurance?: \_\_\_\_\_

Please provide Due Date(s) for anyone to be covered that is currently pregnant.

Due Date(s): \_\_\_\_\_, \_\_\_\_\_.

For the most accurate quote, please have each employee complete attached Health Questionnaire, or provide details about known medical conditions on separate sheet.

Also, please provide information requested on attached Small Group Census Form.

#### Coverages Requested

Group Medical            Yes \_\_\_ No \_\_\_

Group Life                Yes \_\_\_ No \_\_\_

Maternity:                Yes \_\_\_ No \_\_\_ (Optional, if less than 15 employees)

Dental:                    Yes \_\_\_ No \_\_\_

Short Term Disability:    Yes \_\_\_ No \_\_\_ (If Yes, census must include income)