



Date: _____

GROUP PROPOSAL REQUEST

Business Name: _____ **Group Size:** _____
 Organization type (Sub-S, LLC, etc;): _____ Nature of Business/SIC Code & Yrs in Business: _____
 Physical Address: _____ Tax ID: _____
 Mailing Address: _____ NAICS: _____
 Owners Name: _____ Contact Person: _____ Business Phone: _____
 Cell: _____ Fax: _____ Email: _____

CENSUS INFORMATION

Name of employee and dependents	Job Title	Sex	FT/PT	DOB	DOH	Salary
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

-----For Office Use Only-----

Date Proposal Needed: _____ **Effective Date:** _____
Health: _____ **Dental:** _____ **Vision:** _____ **Life:** _____ **STD:** _____ **LTD:** _____
Voluntary Products: _____ **Business Strategies:** _____