



Group Insurance Information Request

All information submitted is treated as confidential

Business Name		Business Contact and Title		Business Phone Number	
Business Address				Business Fax Number	
Length of Time in Business	Description of Business Activity			SIC Code	
Email address		Current Rates	Single	Husband & Wife	Family
How many hours per week must an individual work to be considered a full-time employee?			Name of current insurance carrier(s) and renewal date(s).		

	Employee Name	Birthdate (MM/DD/YY)	Is Employee Medicare Eligible? (Y or N)	Sex (M or F)	If married, is spouse enrolling? (Y or N)	Number of children enrolling	Employee Zip Code
Complete information in these columns for ALL individuals enrolling for ANY type of insurance coverage							
1							
2							
3							
4							
5							
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7							
8							
9							
10							
11							
12							
13							
14							
15							

Please continue listing employee information on separate sheet if necessary

To obtain a quote for insurance, complete this form and return to:

Karl Klingmann II, Penn Rise Benefits, Inc. P.O. Box 182, Downingtown, PA 19335	Phone 610-269-8363	Fax 610-646-0771	Email karl@pennrisebenefits.com
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