ALICE BOHNKER INSURANCE SERVICES, LLC

Request for Benefits Quote

COMPANY TO BE QUOTED			
Company Name			
Type of Business			
City	State	Zip	County
Phone			

CURRENT MEDICAL COVERAGE	
Current Medical Carrier	Number of Years with Current Carrier
Name of Product/ Assoc.	Employer Contribution (EE) %
Medical Deductible & Out of Pocket Maximum	Employer Contribution (Dep) %
Requested Effective Date	Current Renewal Date
Comments	# of Employees:

CURRENT AND RENEWAL RATES				
	Medical Coverage Plan I		Medical Coverage Plan II	
	Current Rates	Renewal Rates	Current Rates	Renewal Rates
Employee				
Emp./Spouse				
Emp./Child				
Emp./Family				

Alice Bohnker Insurance Services 2517-B Commercial Ave., Anacortes, WA 98221 360-588-8302 (tel) 360-588-0693 (fax)
www.AliceBohnkerInsurance.com

ALICE BOHNKER INSURANCE SERVICES, LLC

Census Form

Company Name: _____ Contact Person: _____

Address: _____ City, State, Zip Code: _____

Industry or Nature of Business: _____ Employer Contribution Amount: _____

Requested Effective Date: _____

Employee Name	Gender	Employee Date of Birth	Persons to be Covered (EE, ES ESC, EC)	Spouse Date of Birth (if covered)	State of Residence/ Zip Code
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