Please fill out the following Quote Request with Census Information for your company.

The reason they are asking for the information in section III is to help establish the types of plans that could be offered. The "Existing Coverage" information is critical for this decision.

When completing the "Census Information" sheet, please list ALL employees and family members even if you do not think they will be interested in the coverage.

When completed, please email to char@springfieldhba.com or fax to Charlyce Ruth at 417.881.7334.

Thank you!

Marketing Department P.O. Box 5750 Springfield MO 65801-5750 Phone: 417-269-4679

Fax: 417-269-4667



Cox Health Systems Insurance Company Cox Health Systems HMO

Quote Request with Census Information

Section I – Agent Information	Date:
Agent Name:Address:	Agency: Phone:
Section II – Company/Group Information	SIC Code:
Company Name: Address: # of Employees:	Type of Business: Phone: Fax:
Section III - Benefits Information	Effective Date:
Current Insurance Carrier: Current Agent: Contribution Level: Employee: Dependents: Existing Coverage: Deductible: Copay:	Health Plan Exp. Date: # Years w/carrier: Current Rates: Employee: Employee/Spouse: Employee/Child:
Rates: (optional)	Remarks:



Census Inform	nation			
		Age	Sex	EE / ES/ EC / EF
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	*ES = Employee & 5		*EC = Employee & Chil	d *F = Family
Box 5750, Spri	ngfield, MO 65801-57	750	Phone (417) 269-4679	Fax (417) 269-4667