

Small Group Health Insurance Quotes Instructions

To receive a quote on Small Group Health Insurance please fill out the following form.

- 1. Only include employees and dependants that would be covered under the new plan.**
- 2. If there are multiple locations, please note that on the form.**
- 3. If you do not know your SIC code, just put in nature of business.**
- 4. List your Workmen's Compensation Carrier and whether the owners are covered under it.**
- 5. After the information is filled out, please either scan and email to me at johnt@midstateis.com or simply fax it to my attention at (262)241-0515.**
- 6. If you have any particular plan designs you would like quoted (H.S.A. etc.) please include that in the fax or email.**

If you have any questions on how to fill out this form, please call John Tomlinson at (262)241-0550, or send me an email at johnt@midstateis.com

I look forward to working with you.

John M. Tomlinson

Mid-State Insurance and Investment
P.O.Box 550
7105 W. Mequon Rd.
Mequon, WI 53092

Agent: John Tomlinson
Phone: 262-241-0550
Fax: 262-241-0515
Email: JohnT@Midstateis.com

Date:	
Company Name:	
Address:	
Phone Number:	
SIC Code:	
Workmen's Comp	
Effective Date:	

Census: Listing of all active employees and dependent information. List dependents only if they will be covered under the proposed policy.

	Name of Employee: Those employees interested/taking health insurance	Sex of Employee	Date of Birth / Age	Age of Spouse / Date of Birth	Number of Children
1					
2					
3					
4					
5					
6					
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9					
10					

	Name of Employee: Those employees interested/taking health insurance	Sex of Employees	Date of Birth / Age	Age of Spouse / Date of Birth	Number of Children
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