HORIZON BENEFITS GROUP

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GROUP INSURANCE PROPOSAL REQUEST

Give us an opportunity to **Shop the Insurance Marketplace** on your Behalf.

We are **Independent Brokers** representing most major insurance companies -- PPO's, HMO's and Freedom of Choice Plans.

Complete and return this form for a comprehensive **No Obligation Quote.**

TO BE COMPLETED BY EMPLOYER
TARGET EFFECTIVE DATE:

GENERAL INFORMATION

Group Name:
Address:

Phone Number:
Contact Person:
Nature of Business:

CURRENT CARRIER

Current Carrier:
Current Plan Renewal Date:
Reason for considering Alternative Plans:

BENEFITS DESIRED

Plan Style: ___PPO ___HMO
___FREEDOM OF CHOICE PLANS
MD Copay: ___$10 ___$15 ___$20
Deductible: ___$100 ___$250 ___$500 ___$1,000
Maternity: ___Include ___Exclude
Drug Card: ___Include ___Exclude
Dental: ___Include ___Exclude
Disability
Short Term: ___Include ___Exclude
Long Term: ___Include ___Exclude
Wellness Bene:___Include ___Exclude
REMARKS:

CENSUS DATA

NAME	SEX	AGE or DOB	CHECK APPROPRIATE TO COVER? EE	SP	CH

CURRENT MEDICAL PROBLEMS

Any ongoing problems or Pre-Existing Conditions?

COMMENTS:

- Representing America's Finest Insurance Companies -