

# Office Employee Census For Small Group Health Insurance Quote

CDA Member's Name \_\_\_\_\_

Group Name \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Employee's Name	Date of Birth	Gender	County & ZIP Code of Residence	Dependents to be Enrolled		Check here if employee has life or dental insurance
				Spouse	Children	
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
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		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	# _____	<input type="checkbox"/> No <input type="checkbox"/> Life <input type="checkbox"/> Dental

## I'd like a quote for the following small group health insurance plans

Plan Type:

- HMO Plans
- PPO Plans
- HSA-compatible High Deductible Health Plans

### Small Group Plans Available From:

- Aetna
- Anthem Blue Cross
- Health Net
- Kaiser Permanente
- UnitedHealthcare



Administered by TDIC Insurance Solutions

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