EB Solutions
EMPLOYEE BENEFITS

"How Do Your "Employee Benefit" Rates Stack Up?"

FOR A **FREE**, **NO OBLIGATION QUOTE**, PLEASE COMPLETE AND RETURN THIS FORM BY FAX (614.850.9298) OR BY EMAIL (FISABELLE@EBSOLUTIONSLLC.COM)

Company Name: _____

Address: _____

_____

Phone: _____ **Email:** _____

Contact Name: _____

Current Medical Carrier: _____ **Renewal Date:** _____

Type of Business: _____

Other Coverages (Circle): ☐Dental ☐Disability ☐Dependent Life ☐Vision ☐Voluntary Products

Cost Saving Plans (Circle): ☐Heath Savings Account (HSA) ☐Health Reimbursement Arrangement (HRA)

	Employee Name	Age	Sex (M / F)	Spouse Age	# of Children	Coverage Type*	Salary/Occupation** (Disability quotes only)
1			F			Family	
2			F			Family	
3			F			Family	
4			F			Family	
5			F			Family	
6			F			Family	
7			F			Family	
8			F			Family	
9			F			Family	
10			F			Family	
11			F			Family	
12			F			Family	
13			F			Family	
14			F			Family	
15			F			Family	
16			F			Family	
17			F			Family	
18			F			Family	
19			F			Family	
20			F			Family	

* Single (S), Employee-Spouse (ES), Employee-Child or Children (EC), Family (F)

** Only complete Salary/Occupation data if interested in a Group Disability quotes

*** Please use additional sheets as needed

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