

Strauss insurance

Employee Benefits and more!

COMPLETE & FAX TO: (800)218-9890 **ATTN: Group Health Dept.**

Business Name: _____ Business Street: _____

County: _____ **Business Zip Code:** _____ Business Tel: _____

Business Contact Name: _____ Business Fax: _____

Requested **Effective Date:** _____ **Type of Business:** _____

Broker Name: Matt Strauss Agency Name: Strauss Insurance

Broker / Agent Tel: (570)386-4574 Fax: (800)218-9890 Email: matt@StraussInsurance.com

*****IF YOU HAVE MORE THAN 20 EMPLOYEES, PLEASE MAKE EXTRA COPIES OF THIS FORM BEFORE COMPLETING**

	Name of Employees and Dependents (Spouses and Children) that are on your health insurance plan	SEX	D/O/B	Tobacco Usage	Residence	STATUS
		M / F		Yes/No	ZIP-CODE	(*Below)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

*STATUS: **E**=(Employee) **S**=(Spouse) **C**=(Child)



Current Plan Information Needed

- 1) Current Carrier**
- 2) Current Deductible**
- 3) Current Rx Plan**
- 4) Current Office Visit Co-pay**
- 5) Current Broker (if applicable)**
- 6) Copy of Current Bill/Invoice**