

Please print out this page and fax to (949) 713-7278 for a NO OBLIGATION Quote!
Or e-mail census to marc@NoCobra.com

SMALL BUSINESS HEALTH INSURANCE QUESTIONNAIRE

Company Name _____ Type of business entity _____ Address _____ City _____ Zip _____	Contact Name / title: _____ E-mail: _____ Phone Number: () - Ext. _____ Notes: _____ _____
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Current **plan type** (Circle One) ? HMO PPO POS Employee Elect Other _____

Current **Carrier** ? _____ How long have you used them? _____ Are you happy with the plan? YES NO

Health insurance **anniversary date** ("Open Enrollment" Month) ? _____

When was the last time you heard from your health insurance broker? _____

Do they provide an annual review of your Premiums & Benefits and how they compare amongst other carriers? _____

Do you offer **Dental** insurance to the employees (Circle One) ? YES NO

Do you offer **Life** insurance to the employees (Circle One) ? YES NO

Would you like Key Person Insurance on any of your "Key Employees" ? YES NO

Do the owners / partners have **personal Life insurance** or a **Buy-Sell Agreement** in force ? _____

What type of Retirement plan is in place (Circle One) ? 401(k) SIMPLE-IRA Profit Sharing None, but we are looking

Notes: _____

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CENSUS INFORMATION

e-mail: marc@NoCobra.com

#	NAME (OPTIONAL)	GENDER (M / F)	AGE	DATE OF BIRTH	SPOUSE? / AGE	# OF CHILDREN	DATE OF HIRE	Salary	HOME ZIP
1				/ /					
2				/ /					
3				/ /					
4				/ /					
5				/ /					
6				/ /					
7				/ /					
8				/ /					
9				/ /					
10				/ /					

Thank You,

We are also interested in the following proposals (Please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> DENTAL INSURANCE | <input type="checkbox"/> DISABILITY INSURANCE | <input type="checkbox"/> LIFE INSURANCE |
| <input type="checkbox"/> RETIREMENT PLANS | <input type="checkbox"/> KEY PERSON INSURANCE | <input type="checkbox"/> OTHER |



#	NAME (OPTIONAL)	GENDER (M / F)	AGE	DATE OF BIRTH	SPOUSE? / AGE	# OF CHILDREN	DATE OF HIRE	Salary	HOME ZIP
11				/ /					
12				/ /					
13				/ /					
14				/ /					
15				/ /					
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Do you know anyone that may need individual or group health insurance?

Company / Contact Name

Phone Number

- 1) _____
- 2) _____
- 3) _____

Would you be willing to refer employees to **www.NoCobra.com** who have been terminated or have decided to leave your company? (This website could save the employee and their family from paying outrageous premiums!)

YES NO