

Erickson Financial Services Group Health Insurance – Colorado Quote Request Form

Ph: 719-304-2250
Toll Free: 800-373-1164

Please list **ALL** full-time employees currently employed by you, including those that will be waiving coverage. Please return via email to: scott@efsbenefits.com or fax to (719) 328-0107. We will contact you to schedule a meeting (in person or by phone) for quote presentation. A meeting is required. Please allow a minimum of 48 hours for quote preparation.

Name of Company: _____	Name of Contact: _____						
Address & Zip: _____	Current Carrier: _____						
Phone Number: _____	Renewal Date: _____						
Nature of Business: _____	Today's Date: _____						
<table style="display: inline-table; border: none;"> <tr> <td style="border: none;">Health</td> <td style="border: none;">Dental</td> <td style="border: none;">Vision</td> <td style="border: none;">Life</td> <td style="border: none;">STD</td> <td style="border: none;">LTD</td> </tr> </table>	Health	Dental	Vision	Life	STD	LTD	
Health	Dental	Vision	Life	STD	LTD		
Would like quotes for (check all that apply): _____	_____						

	Employee Name (Optional)	Currently on COBRA? Please "X"	M or F	Age	Date of Birth	Desired Coverage (Place an "X" in the appropriate column)				Waive Medical		Zip Code
						Single	Employee & Spouse	Employee & Child(ren)	Family	"X" if covered by other Group coverage	"X" if covered under Individual coverage	
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