Group Name:_____
Effective Date: _____
Broker Name : Thomas A. Kaspar, Jr.

12651 North Dale Mabry # 272301
Tampa, FL 33688
(800) 873-5713, Ext. 101 Florida Toll Free
(813) 404-1181 Mobile Telephone
(813) 354-3533 Facsimile
tkaspar@grouphealthflorida.com

 # OF EMPLOYEES

	Health	Dental	Life
E			
ES			
EC			
EF			
W			
Total			

Nature of Business:_ _____

Employer Monthly Contribution % : Individual = _____ /Dependent =_____

Health & Dental Enrollment Status Legend

E = Employee
ES = Employee/Spouse
EC = Emplyee/Child(ren)
EF = Employee/Family
W = Waived
WP = Waiting Period

Life Enrollment Status Legend

F = Flat Amount Per Employee
- Class 1, 2, 3, etc.
Example: Class 1 Officers - $100,000
Class 2 - Executives - $50,000
Class 3 - All Other Full-Time Employees - $10,000
1 X, 2 X, 3 X, etc. = Multiples of salary

Complete only if Dental and Life/AD&D quotes are requested

IMPORTANT *Please verify if there are any employees out of the immediate area

*Only provide if requesting Life Multiples of Salary and/or Disability Insurance

Name	Gender	Age or Date of Birth	Health Enrollment Status	Dental Enrollment Status	Life Enrollment Status	Home Zip Code	Work Zip Code	Salary	Occupation