



MAGNATE BENEFITS & INSURANCE SERVICES

1009 E. Capitol Expy. #714 • San Jose, CA 95121 • Main (408) 551-2800 Fax (408) 551-2800

Company Name: _____

City: _____ State: _____ Zip: _____

Industry _____ Years In Business: _____

Current Medical Carrier/Benefits: _____

How Long With Current Carrier: _____ Renewal Date: _____ Current HMO Rate: _____ Current PPO Rate: _____

Claims Over \$5,000: _____ # Of Cobra's: _____

Current Pregnancies: _____ Out of State Locations: _____

Current Dental Carriers/Benefits: _____

How Long With Current Carrier: _____ Renewal Date: _____

Other Benefits: _____

Contributions By Employer (EE/Dep): Med ___/___ Den ___/___ Vision ___/___ Life ___/___ Ltd ___/___ Std ___/___

Table with 3 columns: Benefits to Quote, Office Use Only, and Agent Name. Rows include Medical (PPO, HMO), Dental (Vision), and Life & AD&D (LTD, STD).

Table with 8 columns: NAME, SEX, AGE / DOB, DEPENDENT, INCOME, TITLE, ZIP. Rows numbered 1 to 20.

E = Employee ES = Emp & Spouse EC = Emp & Child(ren) FAM = Family