

Roger Hicks & Associates Group Insurance, Inc.

CLIENT INFORMATION

Legal Name of Business: _____

Address: _____

City: _____ State: ____ Zip: _____

Contact: _____ Phone: _____

E-mail: _____ Fax: _____

Nature of Business: _____

Average # Full-time Employees: _____ Average # Enrolled: _____

Company Contribution: Employee Only _____ Dependent(s) _____

Waiting Period: _____

Current Carrier: _____ Renewal Date: _____

Deductible: _____ Doctor Office Co-Pay: _____

Prescription Coverage: Generic _____ Name-Brand _____

In-Network Coinsurance: _____ Out-of-Network: _____ Stop Loss: _____

Preferred Hospital Network: _____

Current Dental Carrier: _____ Renewal Date: _____

Current Life Carrier: _____ Renewal Date: _____

Current Vision Carrier: _____ Renewal Date: _____

Employees Currently on COBRA: ____ Date(s) COBRA expires: _____

Rates: Or you may attach a copy of your most recent bill and renewal (preferred)

Current: EE: \$ _____ ES: \$ _____ EC: \$ _____ FM: \$ _____

Renewal: EE: \$ _____ ES: \$ _____ EC: \$ _____ FM: \$ _____

Dental: \$ _____ Life: \$ _____ Vision: \$ _____

PLEASE RETURN BY FAX TO (405) 478-3636