



Company Information Sheet

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: _____ **Fax:** _____

Contact Person(s): _____

Nature of Business: _____

Years in Business: _____

Current Carrier: _____

Current Plan Design: _____

Deductible: _____

Coinsurance: _____

Office Copay: _____

Pharmacy: _____

Current Rate

Employee: _____

Employee + Spouse: _____

Employee + Child(ren): _____

Employee + Family: _____

Renewal Rate

Employee: _____

Employee + Spouse: _____

Employee + Child(ren): _____

Employee + Family: _____

Employer Contribution Level

Employee: _____

Dependents: _____