MP INSURANCE SOLUTIONS

Request for Group Quote

GENERAL INFORMATION

Company name

Contact name / decision maker

Title

Address

City | **State** | **ZIP**

Phone

Email

Nature of business / SIC

Year started

Full-time employees (30+ hours per week)

Costs paid by employer (%)

Employee cost (%)

Dependent costs (%)

Waiting period (days)

Desired effective date

Notes / concerns

Please include your current invoice and plan design.

MP INSURANCE SOLUTIONS

Employee Census

Enter census details below or provide an Excel file with the same columns.

Coverage type: EE = Employee only | ES = Employee & spouse | EC = Employee & child(ren) | FAM = Family

Add further employees using another copy of this census page or a matching Excel file.

#	Name	Title	Salary	Medical HMO / PPO	Dental HMO / PPO	Gender	Age or DOB	Coverage type	ZIP	COBRA Y / N	Waiver
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											