GROUP PROPOSAL REQUEST FOR MEDICAL, DENTAL, LIFE, AND DISABILITY

THORNBURG INSURANCE SERVICES
PHONE: (440) 826-3880 FAX: (440) 826-3700

Name of Group:		**Business Type:**			
Address:		**Zip Code:**		**County:**	
Current Carrier:		**Group Phone:**		**Target Date:**	

Employee Name	Sex	Age/DOB	*Coverage Type - Medical	*Coverage Type - Dental	Spouse's Age	# of Children	Medical Conditions	Annual Salary Disability Only

*Coverage Type: **EE**-Employee Only **ES**-Employee & Spouse **EC**-Employee & Child(ren) **F**-Employee, Spouse, & Child(ren) **LO**-Life Only