Healthcare
Solutions Team
A Plan for Everyone™

SMALL GROUP CENSUS (Please fill out the information below so I can provide a more accurate quote for your company. I will also look at some other plans or options available to see what is cost effective while still giving everybody a plan they need.)

PLEASE RETURN THE FORM TO: manz@RUinsured.com or by fax to (866) 809-9339

Company Name:	
Address:	
Phone:	**Fax**:
E-mail:	
Type of Business:	
Current Carrier:	
Current Monthly Premium:	

Employee	Zip Code	Sex	Birth date	Smoke (Y/N)	Ht/Wt	Meds (Y/N)	Spouse Birth date	Spouse Smoke (Y/N)	Spouse Ht/Wt	Spse Meds (Y/N)	Age-Sex of Child(ren), ie: 12-F