Proposal Request Form

Employers Choice Plus Insurance Co.
7116 Sennet Place
West Chester, OH 45069
513-755-7719 800-381-4978
513-755-6882 fax

e-mail form to info@echoiceplus.com

Group Name _____ Contact Name _____
Address _____ Telephone Number _____
_____ Fax Number _____
Nature of Business _____ SIC Code _____ Federal Tax ID # _____
Current Medical Carrier _____ Policy Anniversary/Renewal Date _____
Current Monthly Premium _____ Renewal Monthly Premium _____
Known medical conditions _____
Current Dental Carrier _____ _____
Comments/Additional Information _____

Employee Name	Gender	Employee Age/DOB	Coverage Type	Spouse Age/DOB	Number of Kids	Zip Code

Type of Coverage
1-Employee
2- Employee & Spouse
3-Employee & Child(ren)
4-Family
5-Waiver/Life Only