Heart of Georgia Insurance Brokers

To: Group Quoting Department			Date:	8/12/2020
Phone:	478.745.4741 800.755.9504	Fax:	478.745.6812 877.432.7842	
Email:	kelsey@heartga.com		kelli@heartga.com	

Please quote the following group:

Company Name:		Phone:	
Address, City, Zip:		County:	
Type of business:		Effective Date:	
Tax id #:		Payroll Count:	
Current Carrier & Plan:		Emps- # fulltime :	
Desired Benefits:		SIC #:	
Email address:		Agent:	

Member Class: Employee - E Spouse - S Child - C	Last Name	First Name	Home Zip Code	Date of Birth	Gender M or F	Medical: Enroll-E or Waive-W	Dental: Enroll-E or Waive-W	Vision: Enroll-E or Waive-W	Life: Enroll-E or Waive-W	Disability: Enroll-E or Waive-W

Notes or special requests: