RJS & Associates Insurance Services

Commercial & Individual Insurance Plans

1-541-929-2788 (Phone)/503-922-4130 (Fax)
Serving All of OR, CA, TX and SW Washington

FAX FORM TO 503-922-4130

Date:	
Employer Name:	
Physical Address:	
Contact:	
Send Quote to:	rstark@rjsandassociates.com or mharris@rjsandassociates.com

Tier: EO= Employee Only, **ES**= Employee+Spouse, **EF**= Employee+Family, **EC**= Employee+Child (ren)

Status of Enrollment: **E**= Eligible, **NE**= Not Eligible, **C**= Cobra, **PP**=Probationary Period, **W**=Waiving(see coverage reason)

Reason Waiving: OG=Other Group Coverage, **IND**= Individual Coverage, **OHP/WHP**= Oregon/Washington Health Plan, **M**= Medicare

INSURANCE QUOTE REQUEST FORM

#	Employee Name	Date of Birth	Gender (m/f)	Tier (how enrolled)	Status	Reason Waiving	Tobacco (y/n)	Zip Code	Spouse (y/n/dob)	Children Enrolling (#)	Child 1 Date of Birth	Child 2 Date of Birth	Child 3 Date of Birth	Child 4 Date of Birth	Job Description /Salary
SAMPLE	*JOHN DOE*	*2001-08-08*	*F*	*ES*	*E*		*n*	*97317*	*2001-06-02*	*2*	*1 Jan 2012*	*1 Jan 2012*			
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