

Instructions: You may type your basic information in before printing, or print a blank form for completion. Submit this form with the attachments listed below. Quotes cannot be issued until all information is received in our office.

Group Dental Quote Basic Information Sheet



Company Name _____

DBA if applicable _____

Address _____

P O Box # _____

City State Zip _____

Phone Number _____

Contact Name _____

Position _____

Please list added locations, city state and zip

Desired Effective Date _____

Employer Contribution % for employee _____

for dependents _____

Present Carrier _____

Renewal Date _____

Rates	Employee Only	Employee Child	Employee Spouse	Family
Current				
Renewal				

The following attachments need to be submitted with this basic information sheet.

- Employee Census with DOB, Gender, and Coverage Code
- List of current and/or desired benefits
- Copy of most current billing statement