

For a preliminary review of plan options available to your company please return this page and employee census data to us via fax or scan/email as noted at the bottom of this page. If you would prefer discussing this in person call our office at (717) 248-9687 or (800) 818-1036.

Company _____ Contact person _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
 Total number of Employees _____ Number of employees eligible for benefit plans _____
 Best day/time to reach me: M T W Th F _____ A.M. _____ P.M.

Other than just cost, what do you feel is the most important fringe benefit issue or challenge your company is facing today? _____

Benefits

	<u>Current</u>	<u>Wish List</u>	% Paid by:	
			<u>Employer</u>	<u>Employee</u>
Medical	_____	_____	_____	_____
Dental	_____	_____	_____	_____
Vision	_____	_____	_____	_____
Group Term Life	_____	_____	_____	_____
Voluntary/Supplemental	_____	_____	0	100%

Please be sure to provide employee census data. A sample of the information required is provided below. Feel free to complete the following to submit data, or you can email the existing data in “.xls” or “.csv” format to: bmginc@verizon.net. (If you would like to submit the above information without a census, press the submit and print buttons below now.)

*Type of coverage: Employee only (EE), Employee/Child (E/C), Employee/Children (E/Ch), Employee/Spouse (E/S), Family (F)
PRINT SUBMIT