



Quote Request and Census Form

Attention: **Group Health Quotes**
 Springs Health Plans
 2165 Hoodoo Dr.
 Colorado Springs, Colorado 80919

Fax: 719-884-1254
 Email: group.health.quote@colvin.net

Highlighted information in bold letters is required. Missing information may delay the quote.

EMPLOYER:

Company Name:			Effective Date:	# of Full Time Employees:
Address			Contact Name:	
City:	State:	Zip Code:	Fax:	Phone:
SIC Code and/or Industry Type: http://www.osha.gov/pls/imis/sicsearch.html			Current Carrier:	

	Employee Name or Initials <small>Please do not enter employees' dependents' names in this column.</small>	Gender M / F	Date of Birth or Age	Elected Coverage* (see below)	If coverage selected is EC or EF enter # of Children	Waived/COBRA (if applicable)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

**** Elected Coverage:**

Employee Only = **E** Employee & Spouse only = **ES** Employee & Child(ren) only = **EC** Employee & Family = **EF**
 Please add additional pages as necessary. If you only use one page you are not subject to COBRA. If you add one or more pages, COBRA rules apply. When you apply for your group insurance a copy of your UTR (Unemployment Insurance Tax Return) will have to be submitted with your application.