

Group Medical & Life Insurance – Data Sheet

Fax to: 678-475-3851

Or email to: health@mccart.com



Referred By:	Desired Effective Date:
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Group Name:

Mailing Address:

Contact:	Phone:	Fax:
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Email:	Web Site:	Cell:
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Description of Operations:

Current Insurance Company:	Years In Business:
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Deductible		CoPay	
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Optional Riders	<input type="checkbox"/>	Maternity	<input type="checkbox"/>	Supplemental Accident	<input type="checkbox"/>	Mental Disorder
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	<input type="checkbox"/>	Dental	<input type="checkbox"/>	STD	<input type="checkbox"/>	LTD
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	<input type="checkbox"/>	Rx Card	<input type="checkbox"/>	HSA		
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Network	<input type="checkbox"/>	HMO	<input type="checkbox"/>	PPO		
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Type of Life Insurance Desired	<input type="checkbox"/>	Term Life	<input type="checkbox"/>	Whole Life	<input type="checkbox"/>	Universal Life
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Amount of Life Insurance Desired						
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Health History

#	Name	History
1		
2		
3		
4		
5		

Group Census Information

Employer/Group		Contact							Type of Business			
Street Address		City			State	Zip	Phone					
No	Employee Name	Employee			Spouse				Type of Coverage			
		Date of Birth	Age	Sex	Date of Birth	Age	Sex	No. of Children	Employee only	Employee & Spouse	Employee & Children	Employee & Family
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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17												
18												