Print Form

PIEDMONT COMMUNITY HEALTHCARE, INC.
2316 Atherholt Rd, Lynchburg, VA 24501
(434) 947-4463 * 1-800-400-7247 * Fax (434) 947-3670

SMALL GROUP QUOTE REQUEST FORM **DATE:**
(2-50 FTE Employees)

BROKER INFORMATION

Name:		
Phone:	**Fax:**	**Email:**

GROUP INFORMATION

Group Name:	**Group Contact:**
Address:	**Work Phone:**
Total No. of FTE Employees:	**No. of Employees to be covered:**
Effective Date:	**Cell Phone:**
Describe Occupation:	**Fax:**
Current Plan Design/Carrier:	
Additional Comments:	

EMPLOYEE INFORMATION – Include only those Employees/Dependents TO BE COVERED.
(If a certain column doesn't apply to that employee, please leave blank; Drop to next line to enter more than 3 dependents per EE.)

EMPLOYEE NAME	EMPLOYEE DOB	SPOUSE DOB	DEPENDENT DOB	DEPENDENT DOB	DEPENDENT DOB
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

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EMPLOYEE NAME	EMPLOYEE DOB	SPOUSE DOB	DEPENDENT DOB	DEPENDENT DOB	DEPENDENT DOB
15.					
16.					
17.					
18.					
19.					
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EMPLOYEE NAME	EMPLOYEE DOB	SPOUSE DOB	DEPENDENT DOB	DEPENDENT DOB	DEPENDENT DOB
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					

Print Form