

H Group Benefits, Inc.

899 Skokie Blvd., Ste. 240 • Northbrook, IL 60062 • 847.564.1640 phone • 847.564.1648 fax

Contact Name:	Title:
Company:	Nature of business:
Phone:	Fax:
Address:	City:
State:	Zip:
Current Carrier:	Renewal Date:

	DOB/Age	Gender	*Coverage	Spouse Age	# of Dep's	Zip
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	DOB/Age	Gender	*Coverage	Spouse Age	# of Dep's	Zip
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***COVERAGE – PLEASE INDICATE AS FOLLOWS FOR EACH ELIGIBLE EMPLOYEE:**

EE	*EMPLOYEE ONLY
EE & SP	*EMPLOYEE & SPOUSE
EE & CH	*EMPLOYEE & CHILD
FAM	*FAMILY
# DEP	* # of DEPENDENTS

**PLEASE INCLUDE A SUMMARY OF BENEFITS FOR YOUR CURRENT PLANS, YOUR GROUP'S LAST RENEWAL AND A CURRENT BILLING STATEMENT
PLEASE ALSO LIST ANY EMPLOYEES CURRENTLY ON IL STATE CONTINUATION OR COBRA**

**Please do not hesitate to contact our office with any questions.
There is no cost or obligation associated with this quote request.**