



Benefits Connection – Quote Request

Employee Census Form Member / Prospective Member of _____ Chamber of Commerce

This form must list **ALL employees** (those enrolled in benefits and all others)

*Check enrollment coverage

List <u>ALL</u> Employees	Date of Birth	Date of Hire	Full Time Hours >25 Part Time Hours <25	If Not Eligible For Benefits Explain why	*Check enrollment coverage					Annual Salary IF QUOTING DISABILITY COVERAGE	Job Description IF QUOTING DISABILITY COVERAGE
					EE	ES	EC	FAM	M		

* **EE=Individual ES=Employee & Spouse EC=Employee & Child(ren) FAM=Family M=Medicare**

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

(please print clearly)

Current Healthcare coverage is with: _____ Anniversary Date is: _____

Please Quote Workers Compensation. Current Workers Comp is with: _____ Renewal Date is: _____

Fax to: Benefits Connection
 c/o Allen Insurance Group
 302 654 8836 (voice 302 654 8823)
Email: allen@alleninsurance.com

OR

Mail to: Benefits Connection c/o
 Allen Insurance Group
 410 Delaware Avenue
 Wilmington, DE 19801

BFCC