



Benefits Questionnaire

Name _____ **Title** _____

Company Name _____ **City** _____

Address1 _____ **State** _____

Address2 _____ **Zip Code** _____

Phone # _____ **Fax #** _____

Email _____

Type of Business _____

Number of Employees _____

Current Carrier _____

I am Interested in the following products:

Health _____ **Dental** _____ **Group Life** _____ **Group LTD/STD** _____

**Fax completed questionnaire to:
516-496-8314 Att: Financial Services Dept.**