Group Health Request Form

You may submit this form via email to lifeandhealth@maainsurance.com or via fax, 908.654.8151. If you have any questions or need assistance please call us at 908.654.9500 during business hours.

Customer Information

Company Name:_____

Address:_____

City, State, Zip:_____

Contact Name:_____ Phone:_____

Type of Business:_____ Years in Business:_____

Current Carrier:_____ Renewal Date:_____

Current Plan Information

What do you like about your current plan?

What do you dislike about your current plan?

Please complete the employee census information on the next page

Employee Data

Employee Name	Sex	Date of Birth	Coverage Type (Single/Couple/Family)	Residential Zip