



## Group Insurance Quote Request

**R&R Benefits & Insurance**  
**16000 Ventura Blvd. #1103**  
**Encino, CA 91436**  
**Phone: (818) 905-0929/ Fax: (818) 905-0670**  
**www.rr-insurance.com**

Thank you for your interest in R&R Benefits & Insurance. To help us better serve you, please complete this quote request and return it to us along with your group census at your convenience. Thank you!

<b>Name/Group Contact</b>					
<b>Company Name</b>					
<b>Address</b>					
<b>E-mail</b>					
<b>Phone</b>					
<b>Fax</b>					
<b>Type of Business</b>					
<b># of Eligible Employees</b>					
<b>1. Current Group Benefits Offered</b>	<b>Medical</b>	<b>Dental</b>	<b>Life</b>	<b>Vision</b>	<b>401k</b>
(please check all that apply) (X)					
	<b>LTD</b>	<b>STD</b>	<b>Long Term Care</b>	<b>FSA</b>	<b>HSA</b>
(please check all that apply) (X)					
<b>2. Percentage of premium employer pays?</b>	<b>Of EE premium</b>	%	<b>Of Dependent Premium</b>	%	
<b>3. Do you use a COBRA service? (Y/N)</b>					
<b>4. How many subscribers on COBRA?</b>					
<b>5. What line(s) of coverage are you interested in adding?</b>					
<b>6. What line(s) of coverage are you interested in changing?</b>					
<b>7. Goal of this add or change? (e.g. lower rates, increase benefits, staff retention)</b>					
<b>8. Details of Current Medical Carrier</b>	<b>Name</b>	<b># of years</b>	<b>Plans</b>	<b>HMO?</b>	<b>PPO?</b>
(responses to the right)					
<b>9. Current Carrier's Rates</b>	<b>Single</b>	<b>EE/Spouse</b>	<b>EE/Child(ren)</b>	<b>Family</b>	
(responses to the right)					
<b>Additional Comments:</b>					

Thank you for taking the time to help us get to know you.

## Census Form



**Thank you for giving us the opportunity to quote benefits for your company.**

**Three easy steps for importing census:**

1. Transfer or type your census information here in this format.
2. Copy and paste it onto this page (add additional lines if needed).
3. E-Mail your completed census and any notes to: **gene@rr-insurance.com**  
 -- OR -- fax it to (818) 905-0670.

1 Employee Name	2 Gender	3 Age	4 Date Of Birth	5 Coverage Type	6 Zip Code	7 Dual Option	8 Salary	9 Job Title

e-mail this form to:  
[gene@rr-insurance.com](mailto:gene@rr-insurance.com)  
 or fax to  
 (818) 905-0670

Questions? Call us at  
 (818) 905-0929.

- |   |   |  |
|---|---|--|
| <p>1 Last name, First Name Middle Initial</p> <p>2 Male(M) or Female(F)</p> <p>3-4 Age or Date of Birth is Required.<br/>                 If both are provided they should match.</p> <p>5 EE or Employee<br/>                 ES or Employee &amp; Spouse<br/>                 EC or Employee &amp; Child<br/>                 ECH or Employee &amp; Children<br/>                 EF or Employee &amp; Family</p> | <p>6 Employee's zip code</p> <p>7 This column is optional but if you want to provide it, it should be HMO or PPO</p> <p>8 This column relates to quotes with life insurance</p> <p>9 This column applies if benefits vary based on position</p> |  |
|---|---|--|