



BENEFIT RATE QUOTE REQUEST

Please complete the information below and fax or mail it to CBDI, Inc. in order to receive your no-obligation rate quote. Of course, if you'd prefer, you may also call **Amy Murray at 1-800-786-CBDI**.

YOUR NAME: _____ TITLE _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY/TOWN _____ STATE _____ ZIP _____

PHONE NUMBER: _____ FAX NUMBER: _____

TYPE OF INDUSTRY: _____ NUMBER OF EMPLOYEES: _____

EMAIL ADDRESS: _____ CURRENT INSURANCE CARRIER: _____

EIN #: _____

CENSUS DATA: Please list all employee information below.

EMPLOYEE NAME	M/F	BIRTHDATE	FAMILY STATUS*	ZIP CODE

* Status Abbreviations: S- Single P/C- Parent & Child PN-Parent & Children H/W- Husband & Wife F- Family W- Waiver
For more than 10 employees, please provide information on a separate piece of paper.

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The Chamber's Endorsed Benefit Program Administrator