THE MILNER GROUP
Insurance for Generations

Group Quote Request

Agent: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Company Name: _____

Location (city/state/zip) _____

Requested effective date _____

Industry/Type of Business _____

Current coverage: Yes/No

Current Deductible _____ Current Premium _____

Copay _____ Coinsurance _____

Maternity: Yes/No Dental: Yes/No

Coverage Requested: Deductible _____ Copay _____

Coinsurance _____ Maternity: Yes/No

Return by: Email/Fax/Mail

833 Hurricane Shoals Rd. Lawrenceville, GA 30043
770-455-1234 FAX 770-458-8999 Toll-Free 800-926-9206
www.milnergroup.com

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Group Census Information

Coverage Codes:
EE = Employee Only
ES = Employee Spouse
E#C = Employee Child/Children (indicate # of children)
ES#C = Family (employee/spouse/children – indicate # of children)
LO = Life only

Name	M/F	DOB/Age	Coverage Code	Health Conditions/Rx

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