

**BULTMAN FINANCIAL SERVICES INC.
GROUP INSURANCE QUOTE INFORMATION**

Employer

Contact Person

Phone Number

Current Plan Info:

Waiting Period _____ Days

Income % Covered: _____%

Base Only _____ or W-2 _____

Type of Entity:

_____ C-Corp

_____ S-Corp

_____ Partnership

EMPLOYEE DATA

| | First Name, Last Name | Sex M, F | Smoker Y,N | Birth Date Mo Day Yr | Date of Hire Mo Day Yr | Social Security Number | Annual Salary | Salary Code | Employment Status |
|----|-----------------------|-------------|---------------|-------------------------|---------------------------|---------------------------|------------------|----------------|----------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
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| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |

*Salary code: 0=Annual 1=Monthly 2=Weekly 3=Hourly

