

Worksheet
Knotek & Associates
fax 1-888-231-2096
knotekagency1@ureach.com

Company Name: _____

Location: _____

Nature of Business: _____

Requested plan design: PPO

Currently with: _____

Deductible: \$

Co-insurance:

Dr. Office co-pay:

Rx Card:

Supplemental Accident:

Maternity:

Effective date requested: _____

EMP #	AGE	M / F	DEPENDENTS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

EMP #	AGE	M / F	DEPENDENTS
20.			
21.			
22.			
23.			
24.			
25.			

Please fax completed quotation to Knotek & Associates 1-888-231-2096 or send via E-mail to:
knotekagency1@ureach.com

Should you have any questions or need additional information please call us at 1-888-231-2485.