

## Group Dental Quote Census

Please include all employees. Please fill out as completely as possible. Photocopy this page as needed.

Group Name:			Nature of Business:			
Contact Person:			Phone Number: (    )		Fax Number: (    )	
Address:		City:	State:	Zip:	County:	
Current Dental Insurance Carrier:						
	<b>Name</b>	<b>Sex</b>	<b>Employee DOB</b>	<b>Spouse DOB</b>	<b>No. of Children</b>	<b>Any Known Medical Conditions or Medications</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

What Other types of coverage would you like to offer to your employees in addition to health insurance?

- Health   
  Life Insurance   
  Dental   
  Disability   
  Vision   
  Cancer Plan   
  Not Sure   
  None

Please mail or fax to Ohio Health Insurance Options, P.O. Box 1481 Reynoldsburg, OH 43068  
 Phone Number 614-737-3804                      Toll-free 1-888-217-4172                      Fax Number: 614-737-3805