



**Chambers of Commerce  
Group Insurance Plan®**

**CONFIDENTIAL EMPLOYEE DATA**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Name	Date of Birth (YYYY-MM-DD)	Occupation	S=Single F=Family C=Couple	*Presently covered on Spousal Plan	Monthly Earnings
John Smith	1965-02-27	Consultant	F	Yes	\$2,600
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

**\*If employee is "currently covered" for health or dental benefits under a spouse's plan answer YES**

To obtain a quote, please complete and fax this form to your "Exclusive" agent