

MSH INQUIRY FORM

Please return this form to:

Murray, Schoen & Homer Inc.
71 North Avenue
New Rochelle, NY 10801

Or send it by:
Fax: 914-632-9170
Email: info@homerinsurance.com

Group Health / Life Insurance / Long Term Disability

GROUP HEALTH — NY STATE ONLY (Small group, under 50 eligible employees, NY State)

Please fill out the following information so we can better understand your company and your group health needs.

PLEASE NOTE: If your business is outside NY State, or your group is in excess of 50 eligible lives, we will need your full employee census, including gender and date of birth, along with the information below.

Corporation Name _____ Corporation Zip Code _____

- Employee Census — Please fill out your employee breakdown information:

- # of Singles _____
- # of Couples — no children _____
- # of Singles with children _____
- # of Full families _____

- Current plan design (please describe)

- What is your renewal/anniversary date? (MM/DD/YR) _____
- Please list your current co-pays?
 - Office visit co-pay \$_____
 - RX co-pay \$_____
 - Hospital co-pay \$_____
 - Emergency room co-pay \$_____
 - Out of network co-pays and deductibles \$_____

GROUP LIFE INSURANCE

Please fill out the following information so we can better understand your company and your group life insurance needs.

- Are any of your employees covered under a collective bargaining agreement? ___ Yes ___ No
 - If Yes, **EXCLUDE** those employees in the following information.
- List your total # Employees by gender, date of birth, job title and pay scale by class (I.e. Employee 1: Male, 1/1/60, Manager, Job Class (For example — factory or warehouse employees, Management, office employees, sales staff)

GROUP LONG TERM DISABILITY

- Describe your current plan design (for example 60% of salary per month for 5 years up to a maximum of \$5,000 per month)

- List your total # Employees by gender, date of birth, job title and pay scale by class
(I.e. Employee 1: Male, 1/1/60, Manager, (For example — factory or warehouse employees, Management, office employees, sales staff)

What is your current elimination period?

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