piag
Insurance Services

PIAG INSURANCE SERVICES

# Medical Census Quote Form

**YOU MAY SUBMIT THIS FORM ELECTRONICALLY.** For your convenience, this form is fillable in Acrobat and may be submitted electronically. Save the file when completed and email to James Villanueva at jamesv@piag.org. To submit via fax, you may print and send to: 770.433.3066.

## General Info

Company Name: _____

Address: _____

City/State/Zip: _____ County: _____

Type of Business: _____

Current Carrier: _____ Effective Date: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____

## Employer Contributions

Employee: What amount or percent do you pay for your employee's health premium? _____

Dependent: What amount or percent do you pay for the dependent's health premium? _____

## Employee Information

| Employee | Gender | Age or DOB | Status Code* | # of Children | Spouse's Age or DOB | ZIP Code |
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*Enter the code to indicate the type of coverage your employees currently have:

**Employee = E** **Employee & Spouse = ES** **Employee & Child(ren) = EC** **Employee & Family = EF** **Waiving Coverage = W**

Does your company offer Section 125 where employees pay their portion of the premiums with pre-tax dollars? ☐ Yes ☐ No

*This service can be offered to you at no cost when signing up for our health benefit programs.*

Contact **James Villanueva** with questions: **phone** 404.838.8554 | **fax** 770.433.3066 | **email** jamesv@piag.org