

Receive a Quote for Your Group

Complete the Information Below and Mail or Fax to Receive Your Quote.

Business Name: _____
Business Type: _____ **Association:** WAIA
Contact Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
e-mail: _____
Best Time to Call: _____ **Renewal Date:** _____
Total # of Employees: _____ **Current Carrier:** _____

Employer Group Census					(Check Coverage Requested)			
	Employee Name	Gender M / F	Employee D.O.B.	Spouse D.O.B.	EE Only	EE Spouse	EE Children	EE Family
1.)								
2.)								
3.)								
4.)								
5.)								
6.)								
7.)								
8.)								
9.)								
10.)								
11.)								
12.)								
13.)								
14.)								
15.)								

For Immediate Quote Requests Fax this completed form to:



Association Benefits Corporation
Attn: Tom Janssen/WAIA

Fax: 425-402-9291 or 425-742-1474

Phone: 800-562-6520