

**Meenu Insurance Agency**  
**PH: 847-592-7215**  
**Fax: 815-642-4675**  
**Email: insurance@tarmee.com**  
**URL: www.tarmee.com/insurance**

\*\* Accurate completion of this form will help to ensure a 1-2 business day turn-around and eliminate any possible errors due to insufficient information.

## PROPOSAL REQUEST FORM

PLEASE COMPLETE THIS FORM FOR ALL GROUPS OF 2 – 50 LIVES

Today's Date: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_ (Approx)

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_  
 Business Full Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Business WebSite: \_\_\_\_\_  
 Nature of Business or SIC Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person Phone & Email: \_\_\_\_\_  
 Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

### CENSUS INFORMATION

**Medical Coverage Codes for Coverage Information**  
 EE = Employee, ES = Employee/Spouse, EC = Employee/Child, EC+ = Employee/Children, EF = Employee/Family

	Name	Age or DOB	Gender	Coverage Information EE, ES, EC, EC+, EF	Employee Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**FAX TO 815-642-4675 or EMAIL: insurance@tarmee.com**