



YOUR HEALTH
INSURANCE
SPECIALISTS

REQUEST FOR GROUP QUOTE

Fill out digital form and email to info@magooninsurance.com
or fill out hardcopy and mail to: Magoon & Associates, Inc.
1419 South Utica
Tulsa, Oklahoma 74104

Company Name _____ Phone _____
Address _____ Fax _____
Contact Person _____ Email _____
Nature of Business _____

Employee Name	M/F	Date of Birth	Cvg. Type*	Title	Monthly Salary
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

*Coverage Categories: E = Employee ES = Employee & Spouse EC = Employee & One or More Children
ESC = Full Family (List number of children if possible)

ADDITIONAL INFORMATION

Do you have a hospital preference? _____

Are maternity benefits desired? Yes No Quote both ways

Note: Maternity Benefits are mandatory for 15+ groups

Quote Dental? Yes No

Is life insurance desired? Yes No If yes, what amount? \$25,000 Other _____

Are there any known medical conditions? Yes No

If yes, please explain. _____
