Group Dental Insurance Quote Request Form – Fax to 513-891-3088

Company Name: _____

Address: _____

City, State ZIP: _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact Name: _____ **Current Deductible:**_____

Nature of Business: _____

Census Information

Employee Age	Gender (Circle One)	Spouse's Age (If Covered)	# of Children (If Covered)		Employee Age	Gender (Circle One)	Spouse's Age (If Covered)	# of Children (If Covered)
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		
	M / F					M / F		

Insurer underwriting, agency and regulatory guidelines apply. Attach additional census pages if needed. Rev 7-11-2009

McCarthy Stevenot Agency, Inc.
10921 Reed Hartman Hwy, Ste 310
Cincinnati, OH 45242
Phone: 513-891-9888 Fax: 513-891-3088
ted@mccarthystevenot.com