

MEWA / Preliminary Quote Request Form*

Contact Name: _____ Email: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Current Medical Insurer: _____ Deductible/Coinsurance %: _____

Employee Census (Attach additional pages, if needed.)

Employee Age	Employee M/F (Circle)	Spouse Age (If Covered)	Spouse M/F (Circle)	# of Children (If Covered)		Employee Age	Employee M/F (Circle)	Spouse Age (If Covered)	Spouse M/F (Circle)	# 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				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	



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*Underwriting, regulatory, and agency guidelines apply. McCarthy Stevenot Agency, Inc., is a licensed life and health insurance agency in the state of Ohio. Rev 5/18.