OCG & Associates, Inc.

Oscar M. Cartagena
8750 NW 36St, Suite 650, Doral, FL 33178
Ph: 305-447-9577 / Fax: 305-447-9578
www.ocginsurance.com

Group Health/ Dental Insurance Quote Request

EMPLOYER INFORMATION

Group Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Effective date requested: _____

Prior Coverage: □ Yes □ No

If Yes, please indicate carrier name & policy effective date:

_____

EMPLOYEE INFORMATION

Status: E= Employee, ES= Employee & Spouse,
EC= Employee & Child (ren), F= Family

#	NAME OF EMPLOYEE	SEX M/F	DOB	STATUS
1				
2				
3				
4				
5				

* Attach completed census if needed.

*** Please fax completed form to (305) 447-9578.**