Fax to (503) 968-2817
Attention: Stephanie

Quote Request Form

Date: _____ Proposed Effective Date: _____

Agent/Agency Name: (if applicable) _____

Contact Phone/E-mail: _____

Group Name: _____

Employer address: _____

City, State, Zip: _____

Employer SIC code: _____

Census Information

Please complete the census grid:

Employee Name	Gender	Date of Birth	Family Status*

*Family status asks whether the employee is enrolling only him or herself, whole family, self and spouse or self and a child or children.