AUTHORIZATION TO QUOTE GROUP INSURANCE

TYRONE CARR & ASSOCIATES
Goddard & Associates
MAKING YOUR BOTTOM LINE HEALTHIER

BUSINESS NAME:

TAX ID NUMBER(S):

STREET ADDRESS:

CITY, STATE: ZIP CODE:

BUSINESS PHONE : FAX:

PERSON REQUESTING THE QUOTE: TITLE:

EMAIL: CELL PHONE:

HOW MANY EMPLOYEES DO YOU HAVE? FULL-TIME TOTAL: PART-TIME TOTAL:

HOW MANY EMPLOYEES ARE ENROLLED IN AN INSURANCE PLAN?

HOW MANY EMPLOYEES ARE 65 YEARS OR OLDER? ARE ANY EMPLOYEES CURRENTLY ON SSDI/DISABILITY?

WHAT PAYROLL SERVICE DO YOU USE?

WHAT TECHNOLOGY PLATFORM(S) DO YOU USE FOR BENEFIT ADMINISTRATION?

PLEASE LIST THE NAME(S) OF THE INSURANCE CARRIER(S) YOU CURRENTLY USE

COMPANY NAME	GROUP NUMBER

Effective immediately please authorize John D. Goddard of Goddard and Associates to obtain all existing information - including census, plan summaries, premiums, renewals, and any other pertinent information pertaining to our group.
Please note this is not an agent change letter; this is strictly for obtaining the information above. Our current agent should also not be notified.

SIGNATURE: DATE: