CRQS
CLIENT READY QUOTE SYSTEM©

* Required Fields

To obtain quotes, complete this form. Required fields are shown in red. The more information provided, the more accurate the quote will be. Email completed form to scobragroup@gmail.com. Quotes are ready within 1 business day.

SCOBRA Insurance

Census Management Spreadsheet 3.0

Name* _____
Effective Date* _____
# of Employees* _____
Street Address _____
City, State _____
Zip Code* _____
NAICS Code* _____ Cick Here for NAICS Code List

Legend
EE: Employee Only
ES: Employee + Spouse
EC: Employee + Children
EF: Employee + Family
Waive
Decline

Record	Last Name	First Name	*DOB	*Gender	Home Zip	*Work Zip	Medical	Dental	Vision	Disability	Life	*Life Volume	Annual Salary	*Spouse DOB / Age	*Spouse Gender	# Children	Medicare Enrollee	Spouse Medicare Enrollee	Cobra or State Continuation	Child Medicare	Smoker	Retired	Disabled
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
31																							
32																							
33																							
34																							
35																							
36																							
37																							
38																							
39																							
40																							
41																							
42																							
43																							
44																							
45																							
46																							
47																							
48																							
49																							
50																							