



Spring Insurance Group, LLC  
 200 Friberg Parkway, Suite 2006  
 Westborough, MA 01581  
 Telephone: 800-821-6033  
 Fax: 508-898-0068  
 E-mail - questions@springgroup.com



All fields *must* be completed in order to receive a thorough analysis/quote

**Annual Salary, Hours Worked Per Week and Employer Contribution are required to complete contribution compliance testing.**

\*Please list ALL employees both part-time and full-time. Due to ACA requirements - please include the name, gender and date of birth for all spouse/domestic partner and child(ren) where applicable.

**Business and Contact Info**

Company Name: \_\_\_\_\_  
 Owner/Principal: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

**Office Policy**

Does the office currently offer Health Insurance? (Y or N) \_\_\_\_\_  
 If yes, what plan? \_\_\_\_\_

**Employer Contribution (% Business Pays for Insurance)**  
 Individual: \_\_\_\_\_% Family: \_\_\_\_\_%

SIC Code: \_\_\_\_\_

Waiting Period: \_\_\_\_\_

Do you currently offer a Dental Plan? \_\_\_\_\_

Please list ALL employees both part-time and full-time and include owner

Subscriber Number	Last Name	First Name	M/F	Coverage Ind/2Person/Family	Date of Birth	Home Zip Code	Relationship to Subscriber	Medicare A&B (Y/N)	COBRA (yes/no)	Annual Salary	Job Title	Work Hrs Per Week	Waiving? Y/N

Please use other side to add additional Subscribers

Are you interested in receiving information on any of the following products/Services we offer?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Health Insurance                            | <input type="checkbox"/> Life Insurance - Group and Individual   | <input type="checkbox"/> Voluntary Insurance - Critical Illness, Cancer Plans and More |
| <input type="checkbox"/> Short and/or Long Term Disability Insurance | <input type="checkbox"/> Dental Insurance and Dental Spending Plans                                    | <input type="checkbox"/> Identity Theft Protection                                     |
| <input type="checkbox"/> Section 125/132/HRA/HSA/FSA Admin           | <input type="checkbox"/> Medicare Supplement and Part D Plans (Age 65 Plus)                            | <input type="checkbox"/> Pet Insurance   |
| <input type="checkbox"/> Property and Casualty - Home and Auto       | <input type="checkbox"/> Retirement and Financial Services - 401K, Individual Wealth Management, Etc.. | <input type="checkbox"/> Travel Insurance / MedJet Travel Assist                       |



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