



hhisolutions.com
 13 Bow Circle, Suite 145
 Hilton Head Island, SC 29928

Group Proposal Request

Tel- (843) 671-9200
 Fax - (843) 671-9201
 Email: info@hhisolutions.com

Company Name _____ Tax ID # _____ Chamber Member ____ Yes ____ No

Type of Corp: ____ C Corp ____ S Corp ____ LLC ____ Partnership ____ Sole Proprietor ____ Farm ____ Non-Profit ____

Address(es) _____ City, State, Zip _____

Requested Effective Date _____ Do you have Workers' Compensation ____ Yes ____ No

Nature of Business _____ Standard Industrial Code (SIC) _____

Contact Name _____ Email _____

Telephone Number _____ Fax Number _____

Current Insurance Carrier _____ Renewal Date _____

Current Plan Information (PPO, HSA, deductible, dr. copay, coinsurance % etc.) _____

_____ Current / Renewal Premium _____

Any Known Medical Conditions or Medications _____

Current Dental Plan ____ Yes ____ No Plan Information _____

Current Vision Plan ____ Yes ____ No Plan Information _____

Current Disability Plan ____ Yes ____ No Plan Information _____

Any Other Current Coverage _____

Please list all full time employees working 30 or more hours per week, and all COBRA members:

	Employee Name	Employee Date of Birth	Sex (M / F)	Their Spouse's DOB	# of Children	Coverage Type i.e. Emp. Only, Emp./Spouse, Emp./Child, Family, or Waiver	Employee's Zip Code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Please attach additional pages if needed.

Please attach any additional information in regards to your current coverage.

Please Return To: Harbour Health Insurance Solutions : Fax # (843) 671-9201 or Email: Info@hhisolutions.com