marrs maddocks + associates
insurance services, inc.

mm+a

Group / Employee Benefits Insurance Application

Please complete the requested information for all employees that are eligible for benefits.
Email it to: alissa@mmains.com -Or- Fax to: (760) 804-0942

Personal Information		
	Employer Name:	
	Employer Zip Code:	Employer Contact:
	Email:	Phone:

Employee Census Information	Date of Birth	Gender M/F	Current Medical Plan HMO/PPO/POS/Kaiser	Dependent Coverage *EE/ES/EC/EF	Employee Zip Code

*EE = Employee ES = Employee + Spouse EC = Employee + Child(ren) EF = Employee + Family