OKC Insurance Brokers
11901 N MacArthur Blvd, Suite D-9, Oklahoma City, OK 73162
(405) 509-9433 | OKCIB.com

Group Health Insurance Quote

Please print clearly, then email a scan or photo of every page to info@okcib.com or bring it to our office. Questions marked * are required. You can also fill this out online at okcib.com - just ask us for the link.

YOUR CONTACT INFORMATION

First Name * _____

Last Name * _____

Phone * _____

Email * _____

Date of Birth (needed to start your quote) * _____ MM / DD / YYYY

QUESTIONS

Company Name * _____

Federal EIN * _____

Industry your business operates in. * _____

Address *
Street

City / State / ZIP

How many employees (include yourself)

☐ 2-9 ☐ 10-20 ☐ 21-50

When do you want your policy to start? * _____ MM / DD / YYYY

Do you have coverage for this now? *

☐ Yes ☐ No

Only if "Do you have coverage for this now?" = Yes:

Who is it with now? _____

Only if "Do you have coverage for this now?" = Yes:

When does that policy expire? _____ MM / DD / YYYY

Upload your current group plan's renewal or summary of benefits (optional, speeds up your quote)
Please attach a copy with this form.

NOTES

How would you like us to contact you?

☐ Call ☐ Text ☐ Email

I confirm the answers above are true and complete to the best of my knowledge. Sending this form does not bind coverage; nothing is in force until confirmed in writing by OKC Insurance Brokers.

Signature

Date