



# M. Brown & Associates, Ltd.

2728 Forgue Drive • Suite 100 • Naperville, IL 60564  
 630.637.8600 • 630.637.8606 fax  
 www.mbrownltd.com • mark.brown@mbrownltd.com

Group:		Effective Date Requested	Type of Business & SIC code
Address:			
City/State/ZIP:		Contact Person	
Phone:			
Fax:		Email:	

	COBRA or State Continuation (if yes, indicate X)	SEX - M or F	EMPLOYEE Date of Birth or Age	SPOUSE Date of Birth or Age	No. of children	COVERAGE (*)	HMO OR PPO (preference)	Indicate benefit M = Medical D = Dental V = Vision H = Hearing	EMPLOYEE LIFE & AD&D (Indicate amount requested)	Home ZIP Code of Employee (if available)	EMPLOYEE NAME (Last, First)
<b>Example</b>		<b>M</b>	<b>8/20/74</b>	<b>3/12/75</b>	<b>2</b>	<b>FA</b>	<b>PPO</b>	<b>M, D</b>	<b>10,000</b>	<b>60061</b>	<b>Smith, Clarence</b>

Complete the following -and- attach a copy of all of your latest monthly Group Billing statements and Benefit Booklets

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(\*) COVERAGE: E = Employee; ES = Employee/Spouse; FA = Family; EC = Employee/Child(ren); LO = Life Only



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