For a no-cost, no-obligation quote on your group dental insurance, please complete the following:

Group Name:_____ **Type of Business:**_____
Address:_____
City:_____ **State:**_____ **Zip:**_____
Contact Name:_____
Current Carrier:_____ **Renewal Date:**_____

Coverage Type Key: ***1-Employee Only*** ***3-Employee & Children***
2-Employee & Spouse ***4-Family***

	Age	Sex	Coverage Type		Age	Sex	Coverage Type
1				14			
2				15			
3				16			
4				17			
5				18			
6				19			
7				20			
8				21			
9				22			
10				23			
11				24			
12				25			
13				26			

Special Instructions:

Please send your request to:
Questions@USAInsurancecoverage.com
or fax 866-596-2125