

REEVES

INSURANCE AGENCY

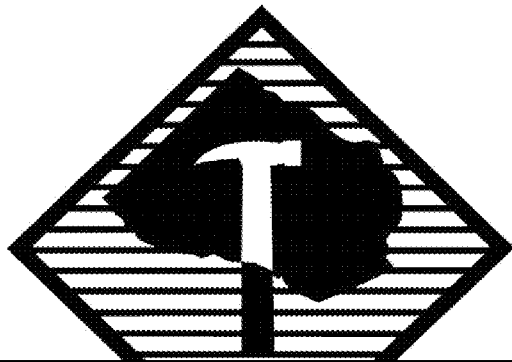
Business • Life • Auto • Health • Home
(770) 945-2141

For more information or to obtain a free rate quote on the HBAG health plan, complete this form and fax it back to Reeves Insurance Agency (770) 945 – 3546

At Reeves Insurance Agency we offer competitive rates on all lines insurance. Contact us today for free quotes suited to fit your needs.

www.ReevesInsurance.com

(770) 945-2141 Mon-Fri 8am to 5pm



JACKSON COUNTY
BUILDERS' ASSOCIATION, INC.

Interested in Learning More About the Health Plan Sponsored by the Home Builders Association of Georgia?

For more information or to obtain a free rate quote on the HBAG health plan, complete the form below and **fax back to Reeves Insurance Agency at (770) 945 – 3546.**

Company Name: _____ Contact Person: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Current Carrier: _____ Renewal Date of Current Plan: _____

Current Plan Description: _____ PCP/Specialist Co-pay: _____

Deductible: _____ Prescription Plan Co-pays: _____

Current Premium:

Single: \$ _____ EE/CH: \$ _____ EE/SP: \$ _____ FAMILY: \$ _____

COMPLETE THE CENSUS BELOW FOR ALL EMPLOYEES, INDIVIDUALS, OR FAMILIES

| Employee Name or Family Member | Relationship (Owner, Employee, Spouse, Child) | Date of Birth | Gender (M/F) | Type of Coverage Individual / Family/ Group |
|--------------------------------|--|---------------|-----------------|--|
| Example: John Doe | Owner | 01/25/1965 | M | Group |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |

If needed continue on back with additional employees.

Contact Us Directly

FAX: (770) 945 – 3546 / Phone: (770) 945 – 2141 / EMAIL: Kevin.Reeves@ReevesInsurance.com

| Employee Name or Family Member | Relationship (Owner, Employee, Spouse, Child) | Date of Birth | Gender (M/F) | Type of Coverage Individual / Family/ Group |
|--------------------------------|--|---------------|-----------------|--|
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |
| 31. | | | | |
| 32. | | | | |
| 33. | | | | |
| 34. | | | | |
| 35. | | | | |
| 36. | | | | |
| 37. | | | | |
| 38. | | | | |
| 39. | | | | |
| 40. | | | | |
| 41. | | | | |
| 42. | | | | |
| 43. | | | | |

If needed, attach a separate piece of paper with any additional employees.

Contact Us Directly

FAX: (770) 945 – 3546 / Phone: (770) 945 – 2141 / EMAIL: Kevin.Reeves@ReevesInsurance.com