

CCAA Chamber Options Cover Page

All information on this form is **required** to obtain a quote

Name of Company:

Address:

City:

Zip:

Contact Person:

Contact Phone Number:

Total Number of Eligible Employees (those working 30 or more hours per week):

Current Insurance Company:

Current Plan Number:

Current Rates: Employee _____ Dependent _____

Renewal Date:

Renewal Rates: Employee _____ Dependent _____

Employer Contribution: Employee _____ Dependent _____

