E-Z HEALTH INSURANCE QUOTE

You may enter your information below or go to our website at
www.Insured4Life.*com*

Company Name: Contact Name:

Address: Phone Number:

City, State, Zip: FAX Number:

Employee Name	Sex	Age	Spouse Age	# of Child	Health Issues and Medications
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				
	M F				

ABOUT YOR PRESENT PLAN

Name of current health carrier _____

Deductible $ _____

Co-Insurance % (100% - 80/20 - 70/30 - 50/50)

Max Co-Ins ($2,500 - $5,000 - $10,000)

Monthly Premium $ _____

What is more important to you (circle one) :
reduce premium or increase benefits

Mail or Fax to:

CHART ADVISORS, INC.
7952 Secor Rd. Lambertville MI 48144
Fax 1(866) 547-1622
e-mail: Leland@Insured4Life.com