

128 Clairton Blvd • Pittsburgh, PA 15236 • Phone 412-650-6500 • Fax 412-650-6505

## www.trianglebenefitservices.com

Company:		Type of B	Type of Business:					
Street:		City, Sta	City, State, Zip:					
Phone:		Company F	Company Fax: No.:					
Current Health Carrier:		Current Heal	Current Health Plan:					
Current Worker's Comp:		SI	SIC Code:					
Broker Name:	Started:							
	I am interested in the followi	ng coverages (please check all that	apply) :					
Health	Dental	Vision	Group Life	Group Disability				
Work Comp	Business Ins.	Homeowners	Auto Ins	Payroll Services				
Ret	turn information to Fax: (412) 650-6	5505 or Email: charles@trianglebe	enefitservices.com					
All information is kent	strictly confidental by Triangle Rene	fit Services and shared only with in-	surance carriers for quoting r	nurnoses				

Employee Number	Employee or Dependent	Last Name	First Name	Date of Birth (MM/DD/YYYY)	Gender	Relationship SR= Subsriber SP = Spouse CH = Child	Zip Code	County	COBRA	Tobacco Use	Coverage Type
1	Employee	Smith	Sample	1/1/1990	M	SR	15236	Allegheny	N	N	EE + Family
	Dependent	Smith	Jane	1/1/1990	F	SP	15236	Allegheny	N	N	
	Dependent	Smith	John	1/1/2013	M	CH	15236	Allegheny	N	N	
2	Employee	Jones	Sample	2/1/1980	M	SR	15222	Allegheny	N	N	EE
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