

Heritage Financial Group Inc.

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Group Plan Questionnaire

Health Insurance Information

Current provider: _____

Name of plan: _____

Deductible: _____

Copay amount: _____

Out of pocket maximum: _____

Effective date: _____

Employer contribution percentage employee: _____

Employer contribution percentage dependents: _____

Do you have vision coverage: _____

Current rates: _____

Renewal rates: _____

Dental Insurance Information

Current provider: _____

Name of plan: _____

Deductible: _____

Calendar year maximum: _____

Current rate: _____

Renewal rate: _____