



Affordable Insurance and Financial Services Group By Roma Pithadiya

Small Business Group Insurance Intake Form

Employee Name: _____

Date of Birth: _____

Marital Status: _____

Address: _____

Gender: _____

Phone: _____

Mobile Phone: _____

Email: _____

Enroll Spouse (Y/N): _____

Spouse Gender: _____

Spouse DoB: _____

Of Children Enrolling: _____

Employee Waive Medical (Y/N): _____

Waive Dependent Medical (Y/N): _____

Waive Dental (Y/N): _____

Waive Ancillary (Y/N): _____

Best Time to Reach You: _____

Best Number to Reach You: _____

Please attach a copy of your driver's license and a copy of Medicare or any other insurance cards if any.

If you have any questions, call/text: (972) 693-3315

Please return this form to:

Roma Pithadiya: 1620 E Belt Line Road,

Carrollton, TX-75006

Email: roma.pithadiya@gmail.com