

Planning Resources Corporation

**Group Health
Proposal Request**

Please Fax to: (503) 227-0971

	Last Name	Gender	Location (or zip code)	D.O.B. (or Age)	Family Status*	Date of Hire	Hrs Week	Position	Annual Salary
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

***Family Status**

01= Employee Only

03=Employee +Child (or children)

C = COBRA

02=Employee + Spouse

04=Employee + Family

W=Waiving of coverage