



Agency Referral Form
P.O. Box 1458 - 3300 Birch Street - Eau Claire WI 54702-1458
(715) 833-9828 - Toll free: (866) 924-9990 - Fax: (715) 833-9829 – www.e-b-g.com

Today's date:

Agency Information

Agency Name _____

Address _____

Agent Name _____

Phone Number _____

Fax Number _____

Email Address _____

Referral Information

Company or Individual Name _____

Address _____

Contact Name _____

Main Contact _____

Phone # & Email _____

If more information is needed, contact: Agent Prospect

Send quotes to: Agent Prospect

Line(s) of Business to Quote

Group Quote:

- Medical
- Dental
- FSA - HRA - HSA
- Life
- Short Term Disability
- Long Term Disability
- Retirement Plans
- Executive Benefits
- Long Term Care
- Pre-paid Legal/Identity Theft

Individual Quote:

- Medical
- Dental
- FSA - HRA - HSA
- Life
- Long Term Disability
- Retirement Plans
- Executive Benefits
- Long Term Care
- Pre-paid Legal/Identity Theft

Please return completed referral form to:

Minnette Gwiazda, Sales & Service Coordinator

mgwiazda@e-b-g.com

Fax: (715) 833-9829