

Group Insurance Enrollment Application

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Agent's Name],

We are writing to formally request enrollment in the group insurance plan for our employees as outlined in our previous discussions. Below are the details of our company and the employees who wish to enroll:

Company Information

Company Name: [Your Company Name]

Company Address: [Your Company Address]

Contact Person: [Contact Name]

Contact Phone: [Contact Phone Number]

Email: [Contact Email]

Employee Enrollment Details

Name	Position	Date of Birth	Dependents
[Employee Name 1]	[Employee Position 1]	[Employee DOB 1]	[Dependents Details 1]
[Employee Name 2]	[Employee Position 2]	[Employee DOB 2]	[Dependents Details 2]

We believe that this group insurance plan will greatly benefit our employees, and we look forward to your prompt response regarding the enrollment process.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]