

# INSURANCE SURVEY

Since the annual business meeting President Larry Mueller has appointed me to look at the possibility of different insurance programs that could be made available to the members of M.G.C.S.A. Please take time to complete the following questions and return this information. It is needed to make a determination as to a need for our pursuing any potential insurance programs.

NAME: \_\_\_\_\_ Business or Club: \_\_\_\_\_

Which of the following programs does your employer provide or participate in:

	YES	NO
Life Insurance	___	___
Health Insurance	___	___
Dental Insurance	___	___
Disability Insurance	___	___
Pension Program	___	___

Which of the following would you like our association to pursue making available to you. Some may be at group rates.

	YES	NO
Life Insurance	___	___
Health Insurance	___	___
Dental Insurance	___	___
Disability Insurance	___	___
IRA's	___	___

Additional Comments: \_\_\_\_\_

Thank you for taking time to complete this information and mail to:

Nathan Dunn  
Route 1 Box 87  
Waconia, Minnesota 55387

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