



CHARLES RIVER INSURANCE

Tier Coices	
EE	Individual
ES	Employee Spouse
EC	Single Parent
Fam	Full Family
W	Waived
D	Declined

Name	DOB	Tier	Zip Code	Salary (DI)
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Business Name:  
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Nature of Business:  
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Address:  
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\_\_\_\_\_

Phone:  
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Email:  
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Please fax back to (508) 656-1499  
An excel file can also be emailed  
to [blee@charlesriverinsurance.com](mailto:blee@charlesriverinsurance.com)