

Iowa Rural Water Association & Lifestyle Health Plans

Health Insurance Contact Form

Group Name: _____

Location: _____

Group Size / Number of Employees _____

Please note – you must have at least four employees to qualify for Lifestyle Health Plans.

Does the Group Offer Health Insurance Coverage Today? YES NO

Who Is the Group's Current Agent? _____

Does the Group Want to Keep Their Current Agent? YES NO

Person to Contact at Group: _____

Contact Phone: _____

Contact Email: _____

Please send the completed form to Cathy Law at claw@iowaruralwater.org or fax to (641) 787-0331.