

X - Date Group Health Lead Sheet

Date: **02/18/2009**

TSR Name: **Chuck**

TSR ID: **CHA**

Business Name: **Eric Kildaire M DDS Ms**

Address: **182 E Emerald St**

City: **Dixon**

State: **IL**

Zip Code: **61621**

Phone Number: **(815)272-6676**

- 1) This Company has a Group Health Plan: **Yes**
- 2) Present Insurer: **United Healthcare**
- 3) Policy Renewal Date: **August 1**
- 4) Number of Employees: **40**
- 5) Contact Person for Employee Benefits: **Ralph** **Emerson**
- 6) Contact Person's Position: **Human Resources**
- 7) Best Time to call is:

Special Notes: **This lead is an x-date.**

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