

# QUOTE REQUEST FORM



Today's Date:

**GROUP INFORMATION**

Company Name:  
 City: Zip:  
 Effective Date: SIC Code:  
 # of Employees: If carve-out group, what kind?  
 Current Carrier(s):  HMO  PPO  Other (check one)  
 Plan Name(s): Current RAF:

**BROKER INFORMATION**

Name:  
 Agency Name:  
 Address:  
 City: State: Zip:  
 Phone: Fax:  
 E-mail: Lic.#:

MEDICAL		DENTAL		OTHER	
<input type="checkbox"/> Aetna	<input type="checkbox"/> Health Net	<input type="checkbox"/> Aetna	<input type="checkbox"/> Golden West	<input type="checkbox"/> Life	
<input type="checkbox"/> Blue Cross	<input type="checkbox"/> HSA California	<input type="checkbox"/> Ameritas	<input type="checkbox"/> Health Net	Flat	
<input type="checkbox"/> CaliforniaChoice	<input type="checkbox"/> Kaiser Permanente Choice Solution	<input type="checkbox"/> Blue Cross	<input type="checkbox"/> MetLife	X Salary	
	<input type="checkbox"/> Sharp Health (San Diego only)	<input type="checkbox"/> Delta Dental	<input type="checkbox"/> Premier Access	Class	
			<input type="checkbox"/> Principal Life	<input type="checkbox"/> Vision	<input type="checkbox"/> LTD
		<input type="checkbox"/> DHMO <input type="checkbox"/> DPO <input type="checkbox"/> Indemnity <input type="checkbox"/> All			

NAME	GENDER (M/F)	D.O.B. or AGE	DEPENDENT STATUS			HOME ZIP CODE	COBRA?	LIFE AMOUNT OR SALARY
			EE ONLY	SPOUSE	# OF CH			
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
10.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
11.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
12.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
13.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
14.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
15.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

See reverse for additional census space and optional Side-By-Side Comparison information for a customized proposal.

<p><b>QUOTE DELIVERY</b></p> <p>Needed by (date): # of Copies:</p> <p><input type="checkbox"/> Hold for Pick-up DATE: TIME:</p> <p><input type="checkbox"/> E-mail <input type="checkbox"/> Fax Summaries <input type="checkbox"/> Mail Full Bound Proposal</p>	<p><b>ADDITIONAL NOTES</b> (i.e., current premium, renewal premium, for Side-By-Side Comparison):</p>
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# QUOTE REQUEST FORM



**ADDITIONAL CENSUS (if needed)**

NAME	GENDER (M/F)	D.O.B. or AGE	DEPENDENT STATUS			HOME ZIP CODE	COBRA?	LIFE AMOUNT OR SALARY
			EE ONLY	SPOUSE	# OF CH			
16.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
17.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
18.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
19.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
20.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
21.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
22.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
23.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
24.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
25.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
26.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
27.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
28.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
29.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
30.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

**OPTIONAL** - For a Side-By-Side Comparison of existing plans, please provide the following information:

TOPIC	PLAN 1	PLAN 2
Plan Name		
Current RAF		
Deductible		
Out-of-Pocket Max		
Lifetime Max		
Inpatient		
Outpatient Surgery		
Emergency		
Office Visit		
Chiropractic		
Well Baby		
Prescription		
Total Monthly Cost		