

BlueCross BlueShield

Toll Free: 800-856-6556; Toll Free Fax: 800-848-4201

GROUP QUOTE REQUEST

GROUP NAME: _____ CONTACT: _____
 CITY, COUNTY: _____ PHONE: _____
 STATE & ZIP CODE _____ FAX: _____
 DESCRIPTION OF BUSINESS OR SIC CODE: _____

DESIRED COVERAGE

TYPE OF PLAN	DEDUCTIBLE	CO-INSURANCE	STOP-LOSS
PPO _____	\$250 _____	90% _____	\$5,000 _____
HMO _____	\$500 _____	80% _____	\$10,000 _____
DUAL OPTION _____	\$1,000 _____	50% _____	OTHER _____
HSA _____	OTHER _____	OTHER _____	OTHER _____

OPTIONS

DR. COPAY _____ WELLNESS _____ LIFE INSURANCE _____
 PRESCRIPTION CARD _____ MATERNITY _____ DISABILITY _____
 DENTAL _____ VISION _____
 COMMENTS (HEALTH HISTORY, ETC.): _____

	EMPLOYEE	GENDER	AGE	STATUS*	SPOUSE'S AGE	# CHILDREN
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

STATUS*: EE = EMPLOYEE ONLY; ES = EMPLOYEE & SPOUSE; EC = EMPLOYEE & CHILD(REN); FF = FULL FAMILY