Allplanhealthinsurance.com

7 Switchbud Place, Ste. 250 the Woodlands, TX 77380
Phone: 281-367-6565; Fax: 281-367-4772
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.): _____

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

	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						