

**Quote Request**

**Broker/Agency Information:**

Broker Name \_\_\_\_\_ Agency Name \_\_\_\_\_

Broker Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Broker Phone \_\_\_\_\_ Broker Fax \_\_\_\_\_ Broker Lic. # \_\_\_\_\_

Broker Email: \_\_\_\_\_

**Group Information:**

Group Name \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

Zip \_\_\_\_\_ Nature of Business \_\_\_\_\_ SIC Code \_\_\_\_\_

Current Carrier \_\_\_\_\_

**Quote Specifications (check all that apply) :**

Bind Quote:  Yes  No Due Date: \_\_\_\_\_ Send Via:  Fax  Mail  Overnight  Hold for Pickup  Email

Type of Carveout: \_\_\_\_\_ RAF:  Lowest  Standard  Highest

**Please circle each product to be included in your quote.  Check here for all carriers, all products.**

Carrier	Medical	Dental	Ancillary Products
Aetna	PPO/ HMO	PPO/HMO/Choice	Life / AD & D / LTD
Blue Cross	PPO/ HMO	FFS / PPO / Prepaid	Life
Community Health Group	HMO	—	—
Delta Dental	—	FFS / PPO / HMO	—
Golden West	—	PPO/Prepaid	—
Health Net	POS / PPO / HMO	PPO/HMO	—
Kaiser Permanente	HMO/POS	—	Chiro
PacAdvantage	POS / PPO / HMO	FFS / PPO / Prepaid	Vision / Chiro
PacifiCare	POS / PPO / HMO	—	—
Principal	—	Indem./PPO/EPO	—
Sharp Health Plan	HMO	—	—
GE Dental & Vision	—	PPO/ DHMO	—
Vision Service Plan	—	—	Vision

**Census Information: Deps: EE=Employee only ES=Employee + Spouse #C=# of Children FA=Family**

Name	Age/DOB	Gender	Deps.	Home Zip	COBRA (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

For additional employees, use the grid on the next page.

**Census Information:**    **Deps:** EE=Employee only    ES=Employee + Spouse    #C= # of Children    FA=Family

Name	Age/DOB	Gender	Deps.	Home Zip	COBRA (Y/N)
11					
12					
13					
14					
15					
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40					

Make sure to include the first page of this census form when faxing to Warner Pacific.