

Rapid Quote Request

• Complete the following to receive quotes for groups of 2-50 eligible employees within 2 business days.



Today's Date							
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Please send a rate quote on the following plan option(s):

MEDICAL PLANS	<p>EmployeeElect Plans</p> <p><input type="checkbox"/> All medical plans* or designate specific plan options (<i>Check as many as apply</i>)</p> <p><input type="checkbox"/> Solution 2500 PPO <input type="checkbox"/> Premier PPO \$10 Copay</p> <p><input type="checkbox"/> Solution 3500 PPO <input type="checkbox"/> Power HealthFund 750</p> <p><input type="checkbox"/> Solution 5000 PPO <input type="checkbox"/> Power HealthFund 500</p> <p><input type="checkbox"/> Lumenos HSA 1500 (HSA-Compatible) <input type="checkbox"/> PPO 2400 (HSA-Compatible)</p> <p><input type="checkbox"/> Lumenos HSA 2000 (HSA-Compatible) <input type="checkbox"/> PPO 3500 (HSA-Compatible)</p> <p><input type="checkbox"/> Lumenos HSA 3000 (HSA-Compatible) <input type="checkbox"/> High Deductible EPO</p> <p><input type="checkbox"/> Lumenos HIA Plus 3000 <input type="checkbox"/> HMO 100%</p> <p><input type="checkbox"/> Basic PPO <input type="checkbox"/> HMO \$25 100%</p> <p><input type="checkbox"/> Saver PPO <input type="checkbox"/> Classic HMO</p> <p><input type="checkbox"/> PPO \$45 Copay GenRx <input type="checkbox"/> Classic \$30 HMO</p> <p><input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> Saver HMO</p> <p><input type="checkbox"/> PPO \$40 Copay <input type="checkbox"/> Saver \$30 HMO</p> <p><input type="checkbox"/> PPO \$30 Copay <input type="checkbox"/> Power SelectHMO</p> <p><input type="checkbox"/> Advantage PPO \$25 Copay <input type="checkbox"/> Power \$35 SelectHMO</p> <p><input type="checkbox"/> Premier PPO \$20 Copay <input type="checkbox"/> Other _____</p> <p><i>*Basic PPO Plan is included in the "All medical plans" option or can be selected in combination with one or more additional PPOs only to groups uninsured for 30 or more days</i></p>	<p>EmployeeChoice Plans</p> <p><input type="checkbox"/> All medical plans* or designate specific plan options (<i>Check as many as apply</i>)</p> <p><input type="checkbox"/> PPO \$35 Copay GenRx</p> <p><input type="checkbox"/> PPO \$30 Copay</p> <p><input type="checkbox"/> Premier PPO \$20 Copay</p> <p><input type="checkbox"/> PPO 2400 (HSA-Compatible)</p> <p><input type="checkbox"/> Saver HMO</p> <p><input type="checkbox"/> Other _____</p>	<p>Benefits Plans</p> <p><input type="checkbox"/> All medical plans* or designate specific plan options (<i>Check as many as apply</i>)</p> <p><input type="checkbox"/> Hospital Benefits</p> <p><input type="checkbox"/> Hospital Benefits Plus</p> <p><input type="checkbox"/> Hospital Benefits Preferred</p> <p>Comprehensive Benefits Plans:</p> <p><input type="checkbox"/> Lumenos HSA 3000 (HSA-Compatible)</p> <p><input type="checkbox"/> PPO \$35 Copay GenRx</p> <p><input type="checkbox"/> Power SelectHMO</p> <p><input type="checkbox"/> Other _____</p>
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DENTAL PLANS	<p>EmployeeElect and EmployeeChoice Plans</p> <p><input type="checkbox"/> All dental plans or designate specific plan options (<i>Check as many as apply</i>)</p> <p><input type="checkbox"/> Dental Blue Silver 100-80 <input type="checkbox"/> High Option PPO**</p> <p><input type="checkbox"/> Dental Blue Silver Plus 100-80 <input type="checkbox"/> Standard Option PPO**</p> <p><input type="checkbox"/> Dental Blue Gold 100-80 <input type="checkbox"/> Basic Option PPO**</p> <p><input type="checkbox"/> Dental Blue Gold Plus 100-80</p> <p><input type="checkbox"/> Dental Blue Platinum 100-80 <input type="checkbox"/> Dental Net</p> <p><input type="checkbox"/> Dental Blue Platinum Plus 100-80 <input type="checkbox"/> Other _____</p> <p><i>**Fee-for-service dental coverage will be substituted if the member is outside of the PPO dental service area</i></p>	<p>Voluntary Dental Coverage</p> <p><input type="checkbox"/> Voluntary PPO Dental</p> <p><input type="checkbox"/> Voluntary Dental Saver SelectHMO</p>	<p>Benefits Plans</p> <p><input type="checkbox"/> Dental Blue Benefits (Dental PPO) Benefits (<i>included in Hospital Benefits Preferred</i>)</p> <p><input type="checkbox"/> Dental Net (Dental HMO)</p>
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LIFE COVERAGE	Life Amount: \$ _____ (<i>\$15,000 – \$50,000, in \$5,000 increments</i>)	VISION PLANS	<input type="checkbox"/> Blue View <input type="checkbox"/> Blue View Plus
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GROUP INFORMATION

Group Name	Group No. (<i>if existing group</i>)		Group SIC Code (<i>required</i>)
City	State	ZIP Code	Requested Effective Date

How would you like to receive your rate quote? Fax rates E-mail rates E-mail rates and benefits

AGENT INFORMATION

Agent Name	Anthem Agent No.		CA License No.
Address	City	State	ZIP Code
Phone No	Fax No.		E-mail Address

(Attach census spreadsheet providing the above information or use the additional space on the reverse side).

Group Name	Requested Effective Date	Agent Name	Agent Phone No.
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	Name of Employee (<i>Last name, First name, M.I.</i>)	Date of Birth	Home ZIP Code	Spouse	No. of Children
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15				<input type="checkbox"/> Yes <input type="checkbox"/> No	
16				<input type="checkbox"/> Yes <input type="checkbox"/> No	
17				<input type="checkbox"/> Yes <input type="checkbox"/> No	
18				<input type="checkbox"/> Yes <input type="checkbox"/> No	
19				<input type="checkbox"/> Yes <input type="checkbox"/> No	
20				<input type="checkbox"/> Yes <input type="checkbox"/> No	
21				<input type="checkbox"/> Yes <input type="checkbox"/> No	
22				<input type="checkbox"/> Yes <input type="checkbox"/> No	
23				<input type="checkbox"/> Yes <input type="checkbox"/> No	
24				<input type="checkbox"/> Yes <input type="checkbox"/> No	
25				<input type="checkbox"/> Yes <input type="checkbox"/> No	
26				<input type="checkbox"/> Yes <input type="checkbox"/> No	
27				<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Attach additional sheets if needed.)

