

Instructions for Requesting Group Health Insurance Quotes for Anthem Blue Cross

Fill out both the:

Employer Group Health Insurance Quote Request form and the
Employee Census form for your company.

The forms are designed to be self-explanatory; however, if you have any questions please call us toll-free at **1-800-569-1156**

All information requested on both forms is important and needed by us to provide you with better service and a quote that meets your needs.

Please be aware that all quotes are not final. Insurance regulations require insurance companies to base rates on the actual enrollment applications received from the group using rates the insurance companies have filed with the state for the current year. A different date of birth, age, or change in enrollment between the time of quoting and enrollment may have an affect on your final rates.

Fax completed forms to:
1-800-376-4703

Or

Mail to:
Health Coverage Insurance Services Inc.
www.GetMyMedical.com
PO Box 9417
Santa Rosa, CA 95405-9417

Acronyms used on the forms:

Federal regulations:

HIPAA – Health Insurance Portability and Accountability Act

COBRA – Consolidated Omnibus Budget Reconciliation Act

SEHI – Small Employer Health Insurance

Employer ; fci d'Health Insurance Quote Request

Anthem Blue Cross Authorized Agent. PO Box 9417, Santa Rosa, CA 95405 - Phone: 800-569-1156 - Fax:800-376-4703

Information About Your Company					Contact Information	
Full Legal Name of the Business					Name	
Actual Physical Street Address					Phone	
Physical Address City		State		Zip Code	FAX	
Mailing Address If it is Different					E-Mail	
Mailing Address City		State		Zip Code	Other	

Your Company Policy	Important Numbers
The number of hours per week for an employee to be full-time & eligible for insurance coverage. Can be 17.5 to 40.	Total number of employees meeting your full-time work requirements whether coming on the plan or not.
The required probationary or waiting period after an employee starts working full-time. Can be 0 to 90 days.	Total number of employees who are planning to enroll for insurance on the planned effective date of the plan.
Percentage of the premium for the employee-only portion you are planning to contribute. Must be 50% minimum.	
Percentage of the premium for the dependent portion you are planning to contribute, if any. May be 0% to 100%.	

Types of Coverage You Plan to Offer	
<input type="checkbox"/> Prescription Drug Coverage <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Life Insurance <input type="checkbox"/> Short-Term Disability <input type="checkbox"/> Long-Term Disability <input type="checkbox"/> Other Specify	
Any Special Instructions?	

Existing Benefits If You Currently Have Group Insurance							
Physician Copayment		Deductible or Hosp-Admin.		Coinsurance Percentage		Stop-Loss or Out of pocket	
Any Other Features Important to You?							

FAX Completed Form and Employee Census to:	1-800-376-4703
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