QUOTE REQUEST FORM

PLEASE EMAIL TO YOUR TEAM OR FAX TO US AT 844-547-4329

Today's Date: _____

GROUP INFORMATION

Company Name: _____ City: _____ Zip: _____

Effective Date: _____ SIC Code: _____ # of Union Employees: _____

# of FTEs: _____ # of Benefit Eligible: _____

Coverage Provided by a Labor Fund? _____ # of 1099 Employees? _____ # of Out of State Employees? _____

BROKER INFORMATION

Name: _____

Agency Name: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Lic.#: _____

Please mark the carriers that you and your agency are currently appointed with:

- ☐ Aetna
- ☐ Anthem Blue Cross
- ☐ Blue Shield
- ☐ CaliforniaChoice®
- ☐ CalCPA
- ☐ CCHP
- ☐ Covered CA for SB
- ☐ Health Net
- ☐ Kaiser Permanente®
- ☐ MediExcel
- ☐ Oscar Health
- ☐ Sharp Health Plan
- ☐ Sutter Health Plus
- ☐ UnitedHealthcare
- ☐ Western Health Advantage

MEDICAL

- ☐ Aetna
- ☐ Anthem Blue Cross
- ☐ Blue Shield
- ☐ CaliforniaChoice®
- ☐ CalCPA (SIC 8721)
- ☐ CCHP
- ☐ Cigna + Oscar
- ☐ Covered California
- ☐ Health Net
- ☐ Kaiser Permanente®
- ☐ MediExcel
- ☐ Sharp Health Plan
- ☐ Sutter Health Plus
- ☐ UnitedHealthcare
- ☐ Western Health Advantage

☐ HMO ☐ PPO ☐ HSA ☐ EPO ☐ ALL

DENTAL

- ☐ Aetna
- ☐ Ameritas
- ☐ Anthem Blue Cross
- ☐ Beam Benefits
- ☐ California Dental
- ☐ Choice Builder
- ☐ CoPower Delta Dental
- ☐ Delta Dental
- ☐ Guardian
- ☐ Humana
- ☐ MetLife
- ☐ Premier Access
- ☐ Principal
- ☐ Reliance
- ☐ UnitedHealthcare
- ☐ Unum

☐ DHMO ☐ DPO ☐ Indemnity ☐ ALL

OTHER

- ☐ Life
  - ☐ Flat ☐ X Salary
  - ☐ Class
- ☐ Vision ☐ LTD ☐ STD
- ☐ Call a Doctor Plus
- ☐ Chiro/Acu
- ☐ CoPower ***ONE***

QUOTE DELIVERY

Needed by (date): _____

☐ Hold for Pick-up DATE: _____ TIME: _____

☐ Email ☐ Fax (Summaries Only)

ADDITIONAL NOTES

Do you have current coverage? If yes, please provide the name of your plan(s) below or a copy of your renewal

☐ Yes ☐ No

Carrier & Plan Name(s)

AMWINS™ CONNECT

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IF YOU WOULD LIKE TO USE OUR CENSUS IMPORT TEMPLATE INSTEAD, PLEASE CLICK **HERE**.

CENSUS - Use a single line for each member in the group (spouses and children should be listed on their own directly after the employee)

* Only needed if quoting LTD/STD

STATUS EE for EMPLOYEE SP for SPOUSE CH for CHILD	**NAME**	**EMAIL ADDRESS**	**GENDER** (M/F)	**DATE OF BIRTH**	**HOME ZIP CODE**	**LIFE AMOUNT OR SALARY**	**JOB TITLE***