

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:

- Banner Aetna
- Blue Cross Blue Shield of Arizona
- Cigna Administered by Oscar
- Humana
- UnitedHealthcare*

MEDICAL

- Banner Aetna
- Blue Cross Blue Shield of Arizona
- Cigna Administered by Oscar
- Humana
- UnitedHealthcare*

HMO PPO HSA EPO ALL

DENTAL

- Banner Aetna
- Blue Cross Blue Shield of Arizona
- Humana
- Guardian
- MetLife
- Principal
- Unum
- UnitedHealthcare*

DHMO DPO Indemnity ALL

OTHER

- Life
 - Flat X Salary
 - Class
- Vision LTD STD
- Call a Doctor Plus

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)

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

* Non-contracted carrier.



866.570.5474 | amwinsconnect.com

