

# Allplanhealthinsurance.com

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Toll Free: 800-856-6556; Toll Free Fax: 800-848-4201

## GROUP QUOTE REQUEST

GROUP NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 CITY, COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STATE & ZIP CODE \_\_\_\_\_ FAX: \_\_\_\_\_  
 DESCRIPTION OF BUSINESS OR SIC CODE: \_\_\_\_\_

### DESIRED COVERAGE

| TYPE OF PLAN      | DEDUCTIBLE    | CO-INSURANCE | STOP-LOSS      |
|-------------------|---------------|--------------|----------------|
| PPO _____         | \$250 _____   | 90% _____    | \$5,000 _____  |
| HMO _____         | \$500 _____   | 80% _____    | \$10,000 _____ |
| DUAL OPTION _____ | \$1,000 _____ | 50% _____    | OTHER _____    |
| HSA _____         | OTHER _____   | OTHER _____  | OTHER _____    |

### OPTIONS

DR. COPAY \_\_\_\_\_ WELLNESS \_\_\_\_\_ LIFE INSURANCE \_\_\_\_\_  
 PRESCRIPTION CARD \_\_\_\_\_ MATERNITY \_\_\_\_\_ DISABILITY \_\_\_\_\_  
 DENTAL \_\_\_\_\_ VISION \_\_\_\_\_  
 COMMENTS (HEALTH HISTORY, ETC.): \_\_\_\_\_

STATUS\*: EE = EMPLOYEE ONLY; ES = EMPLOYEE & SPOUSE; EC = EMPLOYEE & CHILD(REN); FF = FULL FAMILY

|    | EMPLOYEE | GENDER | AGE | STATUS* | SPOUSE'S AGE | # CHILDREN |
|----|----------|--------|-----|---------|--------------|------------|
| 1  |          |        |     |         |              |            |
| 2  |          |        |     |         |              |            |
| 3  |          |        |     |         |              |            |
| 4  |          |        |     |         |              |            |
| 5  |          |        |     |         |              |            |
| 6  |          |        |     |         |              |            |
| 7  |          |        |     |         |              |            |
| 8  |          |        |     |         |              |            |
| 9  |          |        |     |         |              |            |
| 10 |          |        |     |         |              |            |
| 11 |          |        |     |         |              |            |
| 12 |          |        |     |         |              |            |
| 13 |          |        |     |         |              |            |
| 14 |          |        |     |         |              |            |
| 15 |          |        |     |         |              |            |
| 16 |          |        |     |         |              |            |
| 17 |          |        |     |         |              |            |