

Broker/Agency Information

Broker Name Marc Boyajian
Agency Name _____
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Quotes Specifications

Due Date _____
Life Amount: _____ (Tip: Leave empty if you do not want Life quoted)
Bind Quote Yes No
RAF **Requested RAF** _____
Send Via Fax Mail Email Overnight Pickup
Carveout _____

□

Please check all products to be included in your quote. Check here for all carriers and products.

Carrier	Medical			Dental			Ancillary		
Aetna	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> HSA	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Choice	<input type="checkbox"/> Life	<input type="checkbox"/> AD&D	<input type="checkbox"/> LTD
Anthem Blue Cross	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> HSA	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO		<input type="checkbox"/> Life	<input type="checkbox"/> Vision	
CalChoice	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> HSA	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> EPO	<input type="checkbox"/> Choice	<input type="checkbox"/> Vision	
Delta Dental*	<input type="checkbox"/> HMO	<input type="checkbox"/> POS	<input type="checkbox"/> HSA	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO		<input type="checkbox"/> Vision	<input type="checkbox"/> Life	
Health Net	<input type="checkbox"/> HMO	<input type="checkbox"/> POS	<input type="checkbox"/> HSA	<input type="checkbox"/> EPO/PPO	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Vision	<input type="checkbox"/> Life	
HSA California			<input type="checkbox"/> HSA	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> EPO			
Humana							<input type="checkbox"/> Vision	<input type="checkbox"/> Life	
Kaiser Permanente	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> HSA	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Choice		
KP Choice Solution	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> HSA	<input type="checkbox"/> POS	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO			
SeeChange Health	<input type="checkbox"/> HMO		<input type="checkbox"/> HSA						
UHC Pacificare	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> HSA		<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Vision		
MetLife/Safeguard*					<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Vision	<input type="checkbox"/> LTD	<input type="checkbox"/> STD
Sharp Health Plan	<input type="checkbox"/> HMO								
VSP							<input type="checkbox"/> Vision		

* 5 lives minimum

** 4 lives minimum