

## Quote Request Form

In order to provide you with accurate pricing, we need some basic information regarding your company, as well as your employee census.

Please take a few moments and complete the Quote Request Form. The minimum required information is marked with an asterisk (\*).

If you already have this same information in your own format, you can use that, instead of completing the Quote Request Form. You can e-mail or fax us the information in whatever format you use to:

E-mail: [mmonte@healthspectrum.net](mailto:mmonte@healthspectrum.net)

Fax: 305-648-2005

If you have any questions during this process, please feel free to contact Michael Monte at 1-800-586-3685 ext. 14.

Thank you for giving us the opportunity to be of service to you.

HealthSpectrum, Inc.  
[www.healthspectrum.net](http://www.healthspectrum.net)

# HealthSpectrum®

(305) 648-2004 / 1-800-586-3685 Office (305) 648-2005 Fax

## Health, Life, Dental and Disability Quote Request Form

Company Name*:				Nature of Business*:			
Address*:				SIC Code:			
City*:		State*:	Zip*:		County*:		
Contact*:			Phone*:		Fax*:		
Current Carrier*:				Renewal / Requested Effective Date*:			
Current Rates?: EE      ES      EC      F				Renewal Rates?: EE      ES      EC      F			
Current Benefits?: Rx      Off. Visit      Hosp.      ER				If possible please include a copy of the most recent bill from your current carrier			

Coverage Selections:  
**EE** - Employee Only, **ES** - Employee + Spouse, **EC** - Employee + Child(ren), **F** - Employee + Family & **W** - Waiving

No.	First	Last	DOB*	Sex*	Coverage*	HMO	PPO	POS	Dental	Life	Life Amount	Salary and Occupations are required for Disability Quotes
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

\* Required Information.

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No.	First	Last	DOB*	Sex*	Coverage*	HMO	PPO	POS	Dental	Life	Life Amount	Salary and Occupations are required for Disability Quotes
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Please feel free to use your own form or print out as long as all the required information is provided. Thank You.

**\* Required Information.**

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