



RAPID QUOTE REQUEST

- Complete the following to receive quotes for groups of 2-50 eligible employees within 2 business days.
- Fax to 1-800-944-0250.
- For information on benefits and/or underwriting, please contact Agent Support at 1-800-678-4466.
- For a Workers' Compensation proposal, please call 1-800-520-1683.

Date _____

Please send a rate quote on the following plan option(s):

MEDICAL PLANS All medical plans* or designate specific plan options *(Check as many as apply)*

Basic PPO PPO \$40 Copay Advantage PPO \$25 Copay Premier PPO \$20 Copay Saver HMO Other _____
 Saver PPO PPO \$30 Copay Premier PPO \$10 Copay HMO 100%

* Basic PPO Plan is included in the "All plans" option or can be selected in combination with one or more additional PPOs only to groups uninsured for 30 or more days.

DENTAL PLANS All dental plans or designate specific plan options

High Option PPO** Dental Net Silver 1000 PPO Gold 1500 PPO Platinum 2000 PPO
 Standard Option PPO** Gold Preferred 1500 PPO Platinum Preferred 2000 PPO
 Basic Option PPO** Other _____

** Fee-for-service dental coverage will be substituted if the member is outside of the PPO dental service area.

OPTIONAL LIFE COVERAGE Life Amount: \$ _____

How would you like to receive your rate quote? Fax rates E-mail rates E-mail rates and benefits

GROUP INFORMATION

Group Name	Group No. (if existing group)	City/State/ZIP Code
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AGENT INFORMATION

Agent Name Pat Henderson	BC Agent No. FMKNJKNVSX	CA License No. 0739455
Address 676 East First Ave Suite 14	City/State/ZIP Code Chico, CA 95926	
Phone No. (530) 345-9035	Fax No. (530) 345-8621	E-Mail Address Pat@HFIservices.com

	Name of Employee (Last name, First name, M.I.)	Date of Birth	Home ZIP Code	Spouse	No. of Children
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments/Additional Information

(Additional space on reverse side)

PLEASE FAX THIS FORM TO: 1-800-944-0250

Blue Cross Dental Net and all medical products except Basic PPO, Saver PPO and Advantage PPO are offered by Blue Cross of California (BCC).
 Blue Cross PPO and FF's Dental, Basic PPO, Saver PPO, Advantage PPO, Life and AD&D products are offered by BC Life & Health Insurance Company.
 Blue Cross of California and BC Life & Health Insurance Company are Independent Licensees of the Blue Cross Association (BCA).
 The Blue Cross name and symbol are registered service marks of the BCA.