

Quote Request Form

Agent Information

Agent/Agency Name: _____
Agent SS#/ Tax ID#: _____
City, State, Zip Code: _____
Agent Phone Number: () _____ Fax#: () _____
What Humana Sales Rep or Office are you working with for this quote? _____

Company Information

Name of Company: _____
City, State, Zip Code: _____ County: _____
Company Phone Number: () _____
Nature of Business: _____ SIC Code: _____

If more than one working location, please complete attached census sheet for home office and permanent working locations.

Requested Products

Please check the Appropriate Box:

Medical: Yes No Specific Plan: _____
Current Medical Carrier: _____
Dental: Yes No Specific Plan: _____
Current Dental Carrier: _____
Life: Yes No Life Amount: _____
STD: Yes No STD Amount: _____
24-Hour Coverage: Yes No

Requested Effective Date: _____
Total Number of Active Full-time: _____ Number of Part-time: _____ Number of enrolling _____
Number of Employees on Cobra: _____ Retired: _____

Is this quote excluding any of the following:

Union Non-Union or Salary Hourly or Management Non-Management

Please indicate any *medical conditions/pregnancies* associated with this group, if applicable to the state in which the group is located.

**This is not a Pre-Quote Risk Assessment Form/Express Underwriting Form.
Please contact the Regional Sales Office to determine if Pre-Quote RAF is required.**

How would you like this quote delivered?

Fax Fax #: () _____
E-Mail E-Mail Address: _____
Mail Address: _____
City _____ State _____ Zip Code _____

Please return completed form to: EZRate@humana.com or Fax 1-800-344-3294.

Home Office			City/State			Zip Code		
Age / DOB	Gender	EE / EE+CH EE+SP / FAM	Other: Salary, COBRA, etc.	Age / DOB	Gender	EE / EE+CH EE+SP / FAM	Other: Salary, COBRA, etc.	
1				26				
2				27				
3				28				
4				29				
5				30				
6				31				
7				32				
8				33				
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18				43				
19				44				
20				45				
21				46				
22				47				
23				48				
24				49				
25				50				
Working Location #1			City/State			Zip Code		
1				5				
2				6				
3				7				
4				8				
Working Location #2			City/State			Zip Code		
1				5				
2				6				
3				7				
4				8				