

Flexible Benefit Solutions

Insurance Brokerage, Inc.

Fax Back / Quote Request Form

- Quote Instructions:** 1) **Check**, Which coverages you would like to quote
2) **Complete**, Required information below
3) **Fax Back**, Receive quotes within 48 hours

Fax to: (978) 964-0777 or Call: (866) 465-1540

Health Insurance Plans

- Blue Cross / Blue Shield
- Harvard Pilgrim Healthcare
- Tufts Health plan
- Fallon Community Healthcare
- Neighborhood Health Plan
- Connecticare
- Health New England
- United Healthcare
- International Medical Insurance

Other Group Insurance Plans

- Dental Insurance
- Short Term Disability (additional info will be needed)
- Long Term Disability (additional info will be needed)
- Life Insurance (additional info may be needed)
- POP, Sec.125, FSA, Plans

Offered Association Plans

- Small Business Service Bureau (SBSB)
- Mass Business Association (MBA)
- North East Business Trust (NBT)
- Commonwealth Health Connector (MCC)

*REQUIRED INFORMATION:

Company: _____ Contact Person: _____ Type of Business: _____

City/Town: _____ State: _____ Zip Code: _____ Phone Number: (_____) _____ - _____

Number of Full-Time Employees: _____ Number of employees on health plan: _____ Fax Number: (_____) _____ - _____

Your current health plan is: Cobra: Yes / No, Name of current health plan: _____ Policy Renewal Date: ____ / ____ / ____

Current Health Insurance Rates: Employee: \$ _____ Employee & Spouse: \$ _____ Employee + Child: \$ _____ Family: \$ _____

How do you want to receive you quote: Mail, Fax or E-Mail: _____

Print e-mail address

*EMPLOYEE CENSUS: Full-Time Employees Only

	<u>Gender</u> (circle)	<u>Date of Birth</u>	<u>Dependent Status</u> (circle)	<u>Zip Code</u>	<u>Enrolled / Waived</u>	
1.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>
10.	Male / Female	___/___/___	Single / Couple / Single+child) / Family	_____	<input type="checkbox"/>	<input type="checkbox"/>

For a larger census form contact our office (additional information may be need)