DuHamel & Associates
Insurance and Financial Services, Inc.

# Quote Request

Email Form | Print Form

Telephone: (805) 807-0833
Fax: (805) 484-2568
http://www.DuHamelandAssociates.com

## Group Information:

Group Name _____ Requested Effective Date _____

Zip _____ Nature of Business _____ SIC Code _____

Current Carrier _____

## Quote Specifications (check all that apply):

**Bind Quote:** ☐ Yes ☐ No **Due Date:** _____ **Send Via:** ☐ Fax ☐ Mail ☐ Overnight ☐ Hold for Pickup ☐ Email

**Type of Carveout:** _____ **RAF:** ☐ Lowest ☐ Standard ☐ Highest

## Please check each product to be included in your quote. ☐ Check here for all carriers, all products.

| Carrier | Medical | Dental | Ancillary Products |
|---|---|---|---|
| Aetna | ☐ PPO ☐ HMO | ☐ PPO ☐ HMO ☐ Choice | ☐ Life ☐ AD&D ☐ LTD |
| Anthem Blue Cross | ☐ PPO ☐ HMO | ☐ PPO ☐ HMO ☐ Prepaid | ☐ Life ☐ Vision |
| California Choice | ☐ PPO ☐ HMO | ☐ PPO ☐ EPO ☐ HMO | ☐ Life ☐ Vision ☐ Chiro |
| Cigna | ☐ PPO ☐ HMO | ☐ PPO ☐ HMO | — |
| Delta Dental | — | ☐ PPO ☐ HMO | ☐ Vision |
| Golden West | — | ☐ PPO ☐ Prepaid | — |
| Health Net | ☐ PPO ☐ HMO ☐ POS | ☐ PPO ☐ HMO | ☐ Vision |
| Kaiser Permanente | ☐ POS ☐ HMO | ☐ PPO ☐ FFS | ☐ Chiro |
| KP Choice Solution | ☐ PPO ☐ HMO ☐ POS | ☐ PPO ☐ FFS | — |
| PacifiCare | ☐ PPO ☐ HMO ☐ POS | — | — |
| Principal | — | ☐ PPO ☐ EPO ☐ Indem. | ☐ Life ☐ LTD ☐ STD |
| Safeguard | — | ☐ PPO ☐ HMO | ☐ Vision |
| Sharp Health Plan | ☐ PPO ☐ HMO | — | — |
| Vision Service Plan | — | — | ☐ Vision |

## Census Information: Deps: EE=Employee only ES=Employee + Spouse #C= # of Children FA=Family

| Name | Age/DOB | Gender | Deps. | Home Zip | COBRA (Y/N) |
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For additional employees, use the grid on the next page.

## Census Information: Deps: EE=Employee only ES=Employee + Spouse #C= # of Children FA=Family

| Name | Age/DOB | Gender | Deps. | Home Zip | COBRA (Y/N) |
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Make sure to include the first page of this census form when faxing to us.