

New Hire Enrollment Quote Request

A Group Information		
Date (MM/DD/YYYY)	Name of Requestor	Phone # (XXX) XXX-XXXX
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Company Name	Group #	Group Effective Date (MM/DD/YYYY)
Lobue Laser & Eye Medical Center	4 2 1 6 0	<input style="width: 95%;" type="text"/>

B Employee Information		
NOTE: MUST have birth date, ZIP Code and date of hire to process this quote.		
If this request is to add dependents only, please refer to your rate guide. Rate guides are available at www.calchoice.com		
1	Employee Last Name <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
	Employee First Name <input style="width: 95%; height: 20px;" type="text"/>	Hire Date (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
	Residence ZIP Code <input style="width: 20%; height: 20px;" type="text"/>	Residence City <input style="width: 20%; height: 20px;" type="text"/>
	County <input style="width: 20%; height: 20px;" type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Show Rates: <input type="checkbox"/> Before Employer Contribution <input type="checkbox"/> After Employer Contribution
If you'd like to see premiums for any dependents, please complete below.		
Spouse Birth Date (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>	Please complete this section for any children aged 15-25:	Child #2 Birth Date (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
Number of Children Aged 0-14 <input style="width: 20px; height: 20px;" type="text"/>	Child #1 Birth Date (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>	Child #3 Birth Date (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Employee Last Name <input style="width: 95%; height: 20px;" type="text"/>	Date of Birth (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
	Employee First Name <input style="width: 95%; height: 20px;" type="text"/>	Hire Date (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
	Residence ZIP Code <input style="width: 20%; height: 20px;" type="text"/>	Residence City <input style="width: 20%; height: 20px;" type="text"/>
	County <input style="width: 20%; height: 20px;" type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Show Rates: <input type="checkbox"/> Before Employer Contribution <input type="checkbox"/> After Employer Contribution
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

C Delivery Instructions		
Mail To: <input type="checkbox"/> Employer (Group contact at billing address) <input type="checkbox"/> Broker <input type="checkbox"/> Other (Please complete mailing address on right) <input type="checkbox"/> E-mail To	Name <input style="width: 95%; height: 20px;" type="text"/> Mailing Address <input style="width: 95%; height: 20px;" type="text"/> City State ZIP Code <input style="width: 30%; height: 20px;" type="text"/> <input style="width: 10%; height: 20px;" type="text"/> <input style="width: 30%; height: 20px;" type="text"/> Phone # (XXX) XXX-XXXX E-mail Address <input style="width: 40%; height: 20px;" type="text"/> <input style="width: 40%; height: 20px;" type="text"/>	
<i>Materials will be sent within 48 hours upon receipt of your request</i>		

