



## Group Benefits Comparative Quote Request Form

4healthplans.com will obtain comparative quotes from all carriers in your area. Here is a list of some of the carriers we quote: **Aetna, Blue Cross, Blue Shield, CalChoice, Cigna, CIMS, Health Net, Kaiser, Nation Wide, PacAdvantage, PacifiCare, UniversalCare and UHP.**

Please complete form and fax to 1-(714) 447-1608. If you have any questions please contact us by voice 1-(714) 447-1608 or email: [mark@4healthplans.com](mailto:mark@4healthplans.com).

Current Health Plan \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

- Goup Health                     
  Goup Vision                     
  Goup Disability  
 Group Dental                     
  Group Life                     
  Other \_\_\_\_\_

	First and Last Name	Gender	DOB	Spouse	# of Children	Home Zip Code
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2						
3						
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Lic. Oc33198. Benefits and carriers will vary for coverages and are subject to underwriting approval, product limitations and state availability. As a consumer submitting this inquiry for coverage details, you are providing written permission to be contacted via telephone or email to verify the accuracy of the information you've included in the questionnaire above.