

# 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<br>EE+SP / FAM | Other: Salary,<br>COBRA, etc. | Age / DOB | Gender | EE / EE+CH<br>EE+SP / FAM | Other: Salary,<br>COBRA, etc. |  |
| 1                   |        |                           |                               | 26        |        |                           |                               |  |
| 2                   |        |                           |                               | 27        |        |                           |                               |  |
| 3                   |        |                           |                               | 28        |        |                           |                               |  |
| 4                   |        |                           |                               | 29        |        |                           |                               |  |
| 5                   |        |                           |                               | 30        |        |                           |                               |  |
| 6                   |        |                           |                               | 31        |        |                           |                               |  |
| 7                   |        |                           |                               | 32        |        |                           |                               |  |
| 8                   |        |                           |                               | 33        |        |                           |                               |  |
| 9                   |        |                           |                               | 34        |        |                           |                               |  |
| 10                  |        |                           |                               | 35        |        |                           |                               |  |
| 11                  |        |                           |                               | 36        |        |                           |                               |  |
| 12                  |        |                           |                               | 37        |        |                           |                               |  |
| 13                  |        |                           |                               | 38        |        |                           |                               |  |
| 14                  |        |                           |                               | 39        |        |                           |                               |  |
| 15                  |        |                           |                               | 40        |        |                           |                               |  |
| 16                  |        |                           |                               | 41        |        |                           |                               |  |
| 17                  |        |                           |                               | 42        |        |                           |                               |  |
| 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         |        |                           |                               |  |