

Health Insurance Quote Request Form



**Thank you for your interest in our program.
In order to obtain a quote, our carriers require all sections of this form be completed.**

Company Information:

Company Name:	Current Insurer:
Contact Person:	Trust / Program:
Address:	Renewal Date:
City, State, Zip:	How long have you been with your Current Insurer?
Nature of Business:	Current Broker:
Phone:	Are you a member of a trade association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax:	If yes, please specify :
Email:	Membership ID# Member Since:

How did you hear about the BIIT Health Trust?

Cold Call Health Trust Website Referral Membership Event Advertisement Other (Please Clarify): _____

I authorize the Trust Consultants (Capital Benefit Services, Inc.) to provide our company with a proposal for the Trust.
 Authorized Representative: _____ Date: _____

Please include the following information:

Census - Please include all full-time, active, eligible employees and dependents							
Employee Name	Date of Birth	Waiving Coverage Y/N?	Zip Code	M/F	Dependent Name (Spouse/Child(ren))	Dependent Date of Birth	Zip Code

- Billing Statement** - Please provide your most recent billing statement.
- Current Benefits** - Please provide information on your current employee benefits (medical, dental, vision, life, etc.)
- Renewal Information** - If applicable, please provide your renewal rates for the upcoming plan year.
- Transition of Care Form** - See back
- Claims information** - If available

Please attach additional census, if necessary

Please send completed forms to:
 Capital Benefit Services, Inc.
 15375 SE 30th Place, Suite 380, Bellevue, WA 98007
 Phone: (425) 641-8093 / Fax: (425) 643-6728
 sales@capitalbenefitservices.com / www.capitalbenefitservices.com

We look forward to serving your company's benefit needs

