





# SAMPLE Medical Quote Request Form—Group Coverage

Contact Name:	<b>John Doe</b>	Requested Effective Date:	<b>06/01/17</b>
Business Name:	<b>ABC Company</b>		
Full Business Address:	<b>123 Main St Fort Worth, TX 76107</b>		
Email Address:	<b>johndoe@anywhere.com</b>	Phone Number:	<b>123-456-7890</b>
Nature of Business:	<b>Cattle Ranch</b>	Current Coverage (Circle One): <b>Individual</b> / Group* / TSCRA Association	
How Did you Hear about Cattle Raisers Insurance?			

## Employee Information:

Please list all eligible employees. If dependents will be covered, please list their information as well. An example is provided on next page.

Coverage Elections are EO (Employee Only), ES (Employee + Spouse), EC (Employee + Children), EF (Employee + Family), Waive (has other coverage), or Decline (does not want coverage).

Name	Date of Birth	Gender	Coverage Election	Home Zip Code
EE – John Doe	01/01/75	M	EF	12345
SP – Jane Doe	01/01/15	F		
CH – Johnny	01/01/15	M		
EE – James Smith	01/01/75	M	ES	12345
SP – Susie Smith	01/01/75	F		
EE – Tom Jones	01/01/75	M	EC	12345
CH – Tom Jones, Jr	01/01/15	M		
EE – Sharon Turner	01/01/75	F	EO	12345
EE – Jennifer Thompson	01/01/75	F	Waive	12345
EE – Billy Lee	01/01/75	M	Decline	12345

**\*If on current group coverage, please remit your most recent renewal documents, or your current plan design(s), rates and renewal date.**

\*\* Group coverage can be quoted at any point within the calendar year, effective dates are either the 1<sup>st</sup> of the 15<sup>th</sup> of the month. Approval is not guaranteed. \*\*

