



Rapid Quote Request

- Complete the following to receive quotes for groups of 2-50 eligible employees within 2 business days.
- Fax to (800) 944-0250 or send an e-mail to **RapidQuote@wellpoint.com**
- For information on benefits and/or underwriting, please contact Agent Support at (800) 678-4466.
- For a Worker's Compensation proposal, please call (800) 520-1683.



Today's Date

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Please send a rate quote on the following plan option(s):

MEDICAL PLANS	<p>EmployeeElect Plans</p> <input type="checkbox"/> All medical plans* or designate specific plan options <i>(Check as many as apply)</i> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Basic PPO</td> <td><input type="checkbox"/> Power HealthFund 750</td> </tr> <tr> <td><input type="checkbox"/> Saver PPO</td> <td><input type="checkbox"/> Power HealthFund 500</td> </tr> <tr> <td><input type="checkbox"/> PPO \$35 Copay GenRx</td> <td><input type="checkbox"/> PPO 2400 (HSA-Compatible)</td> </tr> <tr> <td><input type="checkbox"/> PPO \$40 Copay</td> <td><input type="checkbox"/> PPO 3500 (HSA-Compatible)</td> </tr> <tr> <td><input type="checkbox"/> PPO \$30 Copay</td> <td><input type="checkbox"/> High Deductible EPO</td> </tr> <tr> <td><input type="checkbox"/> Advantage PPO \$25 Copay</td> <td><input type="checkbox"/> Saver HMO</td> </tr> <tr> <td><input type="checkbox"/> Premier PPO \$20 Copay</td> <td><input type="checkbox"/> Classic HMO</td> </tr> <tr> <td><input type="checkbox"/> Premier PPO \$10 Copay</td> <td><input type="checkbox"/> HMO 100%</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Power SelectHMO</td> </tr> </table> <p><small>*Basic PPO Plan is included in the "All medical plans" option or can be selected in combination with one or more additional PPOs only to groups uninsured for 30 or more days.</small></p>	<input type="checkbox"/> Basic PPO	<input type="checkbox"/> Power HealthFund 750	<input type="checkbox"/> Saver PPO	<input type="checkbox"/> Power HealthFund 500	<input type="checkbox"/> PPO \$35 Copay GenRx	<input type="checkbox"/> PPO 2400 (HSA-Compatible)	<input type="checkbox"/> PPO \$40 Copay	<input type="checkbox"/> PPO 3500 (HSA-Compatible)	<input type="checkbox"/> PPO \$30 Copay	<input type="checkbox"/> High Deductible EPO	<input type="checkbox"/> Advantage PPO \$25 Copay	<input type="checkbox"/> Saver HMO	<input type="checkbox"/> Premier PPO \$20 Copay	<input type="checkbox"/> Classic HMO	<input type="checkbox"/> Premier PPO \$10 Copay	<input type="checkbox"/> HMO 100%	<input type="checkbox"/> Other _____	<input type="checkbox"/> Power SelectHMO	<p>EmployeeChoice Plans</p> <input type="checkbox"/> All medical plans or designate specific plan options <i>(Check as many as apply)</i> <input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> PPO \$30 Copay <input type="checkbox"/> Premier PPO \$20 Copay <input type="checkbox"/> PPO 2400 (HSA-Compatible) <input type="checkbox"/> Saver HMO <input type="checkbox"/> Other _____	<p>Benefits Plans</p> <input type="checkbox"/> All medical plans or designate specific plan options <i>(Check as many as apply)</i> <input type="checkbox"/> Hospital Benefits <input type="checkbox"/> Hospital Benefits Plus <input type="checkbox"/> Hospital Benefits Preferred <p>Comprehensive Benefits Plans:</p> <input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> Power SelectHMO <input type="checkbox"/> Other _____
<input type="checkbox"/> Basic PPO	<input type="checkbox"/> Power HealthFund 750																				
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<input type="checkbox"/> Premier PPO \$10 Copay	<input type="checkbox"/> HMO 100%																				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Power SelectHMO																				

DENTAL PLANS	<p>EmployeeElect and EmployeeChoice Plans</p> <input type="checkbox"/> All dental plans or designate specific plan options <i>(Check as many as apply)</i> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Silver 1000 PPO</td> <td><input type="checkbox"/> Platinum 2000 PPO</td> <td><input type="checkbox"/> High Option PPO**</td> <td><input type="checkbox"/> Dental Net</td> </tr> <tr> <td><input type="checkbox"/> Gold 1500 PPO</td> <td><input type="checkbox"/> Platinum Preferred 2000 PPO</td> <td><input type="checkbox"/> Standard Option PPO**</td> <td><input type="checkbox"/> Dental SelectHMO</td> </tr> <tr> <td><input type="checkbox"/> Gold Preferred 1500 PPO</td> <td><input type="checkbox"/> Basic Option PPO**</td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><small>**Fee-for-service dental coverage will be substituted if the member is outside of the PPO dental service area.</small></p>	<input type="checkbox"/> Silver 1000 PPO	<input type="checkbox"/> Platinum 2000 PPO	<input type="checkbox"/> High Option PPO**	<input type="checkbox"/> Dental Net	<input type="checkbox"/> Gold 1500 PPO	<input type="checkbox"/> Platinum Preferred 2000 PPO	<input type="checkbox"/> Standard Option PPO**	<input type="checkbox"/> Dental SelectHMO	<input type="checkbox"/> Gold Preferred 1500 PPO	<input type="checkbox"/> Basic Option PPO**	<input type="checkbox"/> Other _____		<p>Benefits Plans</p> <input type="checkbox"/> Dental Benefits <i>(included in Hospital Benefits Preferred)</i> <input type="checkbox"/> Dental Net
<input type="checkbox"/> Silver 1000 PPO	<input type="checkbox"/> Platinum 2000 PPO	<input type="checkbox"/> High Option PPO**	<input type="checkbox"/> Dental Net											
<input type="checkbox"/> Gold 1500 PPO	<input type="checkbox"/> Platinum Preferred 2000 PPO	<input type="checkbox"/> Standard Option PPO**	<input type="checkbox"/> Dental SelectHMO											
<input type="checkbox"/> Gold Preferred 1500 PPO	<input type="checkbox"/> Basic Option PPO**	<input type="checkbox"/> Other _____												

LIFE COVERAGE	Life Amount: \$ _____ <i>(\$15,000 – \$50,000, in \$5,000 increments)</i>	VISION PLANS	<input type="checkbox"/> Blue View <input type="checkbox"/> Blue View Plus
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GROUP INFORMATION

Group Name	Group No. <i>(if existing group)</i>	Group SIC Code <i>(required)</i>
City	State	ZIP Code
Requested Effective Date		
How would you like to receive your rate quote? <input type="checkbox"/> Fax rates <input type="checkbox"/> E-mail rates <input type="checkbox"/> E-mail rates and benefits		

AGENT INFORMATION

Agent Name MARCO BRAVO	BCC Agent No. FGLKHSQKNZ	CA License No. 0C58092
Address P.O. BOX 892824	City TEMECULA	State CA
Phone No. (888) 758-5316	Fax No. (888) 686-9774	ZIP Code 92589
E-mail Address marcobravo@yahoo.com		

	Name of Employee <i>(Last name, First name, M.I.)</i>	Date of Birth	Home ZIP Code	Spouse	No. of Children
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Attach census spreadsheet providing the above information or use the additional space on reverse side)

PLEASE FAX THIS FORM TO: (800) 944-0250 or SEND AN E-MAIL TO: RapidQuote@wellpoint.com

Group Name	Requested Effective Date	Agent Name	Agent Phone No.
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	Name of Employee (Last name, First name, M.I.)	Date of Birth	Home ZIP Code	Spouse	No. of Children
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15				<input type="checkbox"/> Yes <input type="checkbox"/> No	
16				<input type="checkbox"/> Yes <input type="checkbox"/> No	
17				<input type="checkbox"/> Yes <input type="checkbox"/> No	
18				<input type="checkbox"/> Yes <input type="checkbox"/> No	
19				<input type="checkbox"/> Yes <input type="checkbox"/> No	
20				<input type="checkbox"/> Yes <input type="checkbox"/> No	
21				<input type="checkbox"/> Yes <input type="checkbox"/> No	
22				<input type="checkbox"/> Yes <input type="checkbox"/> No	
23				<input type="checkbox"/> Yes <input type="checkbox"/> No	
24				<input type="checkbox"/> Yes <input type="checkbox"/> No	
25				<input type="checkbox"/> Yes <input type="checkbox"/> No	
26				<input type="checkbox"/> Yes <input type="checkbox"/> No	
27				<input type="checkbox"/> Yes <input type="checkbox"/> No	
28				<input type="checkbox"/> Yes <input type="checkbox"/> No	
29				<input type="checkbox"/> Yes <input type="checkbox"/> No	
30				<input type="checkbox"/> Yes <input type="checkbox"/> No	
31				<input type="checkbox"/> Yes <input type="checkbox"/> No	
32				<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Attach additional sheets if needed)