Employee Benefits Quote Request Form

COMPLETE AND SUBMIT TO Q & A INSURANCE MARKETING

THE EXCLUSIVE BROKER FOR YOUR EXCHANGE/ASSOCIATION HEALTH PROGRAM

❑ California Groundwater Assoc. ❑ California Tow Truck Assoc. ❑ Central California ❑ Central Coast ❑ Kern
❑ Santa Clara ❑ Santa Maria ❑ Shasta ❑ Stockton ❑ Ventura ❑ Valley Contractors ❑ None

FAX: (800) 311-2100 OR EMAIL: QUOTES@QAIM.COM

Q & A Insurance Marketing, Inc., 50 Oak Court., #110 ♦ Danville, CA 94526 (800) 437-8770 ♦ 0B17048 ♦ www.cbxbenefits.com

EMPLOYER INFORMATION

Employer Name:_____ Contact Name: _____

Address:_____ Phone:_____

City, State, ZIP:_____ FAX: _____

Are you a current member of a Builders Exchange/Association? ❑ Yes ❑ No If yes, which one? _____

CURRENT PLAN INFORMATION

Insurance Company:_____ Office Visit Co-Payment: _____

Plan Type: ❑ HMO ❑ PPO ❑ HSA ❑ HRA ❑ Other: _____

Other plans currently offered: ❑ Dental ❑ Vision ❑ Chiropractic/Acupuncture ❑ Life ❑ LTD ❑ STD

Total # of Employees_____ # of Union Employees_ # of Eligible Employees _____

I AM INTERESTED IN (CHECK ALL THAT APPLY):

❑ Medical ❑ Dental ❑ Vision ❑ Chiropractic/Acupuncture ❑ Life ❑ Voluntary Products ❑ Pet Insurance ❑ LTD ❑ STD

Please list all employees and their dependents to be quoted below

Status *EE for Employee SP for Spouse CH for Child*	**Name**	**Gender M/F**	**Date of Birth**	**Home Zip Code**	**COBRA?**
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