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**Group Health Insurance Quote Request**

<b>Company Name</b>		<b>Desired Plan Design</b>			
<b>Contact Name</b>		<b>Deductible</b> \$1000 \$1500 \$2500 \$5000 <b>Other:</b>			
<b>Industry Type/SIC</b>		<b>Coinsurance</b> 100% 90% 80% 50% <b>Other:</b>			
<b>Company Address</b>		<b>Office Visit Co-pay</b> \$15 \$20 \$30 \$40 <b>Other:</b>			
<b>Phone</b>		<b>Prescription Drug Card</b> Yes No			
<b>Fax</b>		<b>HSA Eligible</b> Yes No			
<b>Email</b>		Life <input type="checkbox"/> Maternity <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/>			
<b>Current Carrier</b>		Other:			

Please run my quotes for an immediate effective date.

My current policy renews on \_\_\_\_\_ (Date). Please contact me then.

Employee Name	Sex	Date of Birth	Spouse DOB	# of Children
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				