

Phone: 800.696.4543

www.claremontcompanies.com

Fax: 924.588.2425

Claremont Sales Representative:

Broker/Agency Information

Broker Name: _____ **Agency:** _____
Address: _____
City/State/Zip: _____ **Phone:** _____
Broker License: _____ **Fax:** _____
Email: _____

Group Information

Group Name: _____
Requested Effective Date: _____ **Nature of Business:** _____
Employer Zip: _____ **Carrier:** _____
Carve-out: _____ **Requested RAF:** _____
Employer contribution for employee and dependents: EE: _____ Dep: _____

Quote Specifications

Send Via: Email / Overnight Mail / Fax / Pick-up

From the list below, please check all products to be included in your quote (include AD&D, LTD, and STD):

Carrier	Medical	Dental	Ancillary
Blue Shield of California	PPO/HMO/HSA	PPO/DHMO	Life
California <i>CHOICE</i>	PPO/HMO/HSA		
Kaiser Permanente Choice Solution	PPO/HMO/HSA/POS/Indemnity		
Aetna	PPO/HMO/HSA		Life
Anthem Blue Cross	PPO/HMO/HSA		Life
HSA California	HSA		
Health Net	PPO/HMO/HSA		Life
Kaiser Permanente	PPO/HMO/HSA		
United HealthCare/Pacificare	PPO/HMO/HSA		Life
Delta Dental		PPO/DHMO	
MetLife		PPO/DHMO	Life/LTD/STD
Colonial			Bridge/Accident/Cancer
Lincoln		PPO	
SeeChange Health Insurance	PPO		

