

# Group Health Quote Form

Fax your request to: Centurion Agency @ **516-825-0953**

**Today's Date:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Fax or email proposal to:** \_\_\_\_\_

**Name of Group:** \_\_\_\_\_

**Location of Group:** \_\_\_\_\_  
(city & zip code)

**Requested Effective Date:** \_\_\_\_\_

**Plan Type:**             POS             PPO             EPO             HMO

**Companies:**         Aetna     Cigna     GHI     Guardian     Horizon     Oxford     United Healthcare

**Census:**    # of Singles:            \_\_\_\_\_  
                  # of Employee/Spouse:    \_\_\_\_\_  
                  # of Employee/Children:    \_\_\_\_\_  
                  # of Full Families:        \_\_\_\_\_

**Deductibles:**         500             1000             Other

**Co-Pay:**             15             20             Other

**Coinsurance:**         80%             70%             Other

**Coinsurance of:**     5,000             10,000             Other

**UCR Level:**         80%             70%             Other

**Drug Card:**         Yes             No

**Special Instructions:** \_\_\_\_\_

Note: To quote New Jersey cases we need the following: age & sex of the employee only. We also need to know the breakdown of the group; i.e. single, employee/spouse, etc.