



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

Quote Request

I'd like to receive a free, no-obligation rate quote for medical and dental coverage for an effective date of _____.

Please send it to:
 Company Contact Person
 Broker

Via: Email
 Fax
 Mail

Please tell us about your company:

Company Name	Contact Person		
Type of Business	SIC Code (if known)	Number of Employees	
Street Address	City	State	ZIP Code
County Where Company is Located	Phone Number	Fax Number	
Email Address	Percent of Premium Company Pays		
	Employee Medical	%	Dependent Medical %
	Employee Dental	%	Dependent Dental %
Do you have any employees that are not listed in other states?	Are you affiliated with another company?		
Current Group Benefits (e.g., PPO, Vision, Rx)	If Regence is a Current Carrier, Group Number		
Broker's Name (if any)	Broker Number (if known)		
Broker's Email Address	Broker's Phone Number	Broker's Fax Number	

Please list employees who will be covered:

	Employee Name	Date of Birth or Age*	Sex*	Home ZIP Code	Spouse to be Covered?*	Spouse's Date of Birth	Number of Children to be Covered*	Children's Dates of Birth or Ages
Ex.	Maria Hart	4/10/62	F	98116	Y	8/22/61	3	14, 11, 9
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* Required fields.

We can provide a more accurate quote with complete information. For over 10 employees, please attach additional sheet(s). If you have questions, please give us a call at 1-800-653-1125.