

# Rapid Quote Request

- Complete the following to receive quotes for groups of 2-50 eligible employees within 2 business days.
- Fax to 800-944-0250 or send an e-mail to [RapidQuote@wellpoint.com](mailto:RapidQuote@wellpoint.com)
- For information on benefits and/or underwriting, please contact Agent Support at 800-678-4466.
- For a Workers' Compensation proposal, please call 800-520-1683.



Today's Date

Please send a rate quote on the following plan option(s):

<b>MEDICAL PLANS</b>	<b>EmployeeElect Plans</b> <input type="checkbox"/> All medical plans or designate specific plan options <i>(Check as many as apply)</i> <input type="checkbox"/> Solution 2500 PPO <input type="checkbox"/> Solution 3500 PPO <input type="checkbox"/> Solution 5000 PPO <input type="checkbox"/> Lumenos HSA 2000 (100/70) <input type="checkbox"/> Lumenos HSA 3000 (100/70) <input type="checkbox"/> Lumenos HSA 5000 (100/70) <input type="checkbox"/> Lumenos HSA 1500 (80/50) <input type="checkbox"/> Lumenos HSA 2500 (80/50) <input type="checkbox"/> Lumenos HSA 3500 (80/50) <input type="checkbox"/> PPO \$25 Copay GenRx <input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> PPO \$45 Copay GenRx <input type="checkbox"/> PPO \$20 Copay <input type="checkbox"/> PPO \$30 Copay <input type="checkbox"/> PPO \$40 Copay <input type="checkbox"/> Premier PPO \$10 Copay <input type="checkbox"/> Premier PPO \$20 Copay <input type="checkbox"/> Premier PPO \$30 Copay	<b>EmployeeChoice Plans</b> <input type="checkbox"/> All medical plans or designate specific plan options <i>(Check as many as apply)</i> <input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> PPO \$30 Copay <input type="checkbox"/> Premier PPO \$20 Copay <input type="checkbox"/> Lumenos HSA 3500 (80/50) <input type="checkbox"/> Saver \$20 HMO <input type="checkbox"/> Other _____	<b>BenefIts Plans</b> <input type="checkbox"/> All medical plans or designate specific plan options <i>(Check as many as apply)</i> <input type="checkbox"/> Hospital BeneFits <input type="checkbox"/> Hospital BeneFits Plus <input type="checkbox"/> Hospital BeneFits Preferred <b>Comprehensive Benefits Plans:</b> <input type="checkbox"/> Lumenos HSA 3000 (100/70) <input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> Select \$25 HMO <input type="checkbox"/> Other _____
	<input type="checkbox"/> Lumenos HIA Plus 500 <input type="checkbox"/> Lumenos HIA Plus 750 <input type="checkbox"/> Elements Hospital <input type="checkbox"/> Elements Hospital Plus <input type="checkbox"/> Elements Hospital Preferred <input type="checkbox"/> High Deductible EPO <input type="checkbox"/> HMO \$10 100% <input type="checkbox"/> HMO \$25 100% <input type="checkbox"/> Classic \$20 HMO <input type="checkbox"/> Classic \$30 HMO <input type="checkbox"/> Classic \$40 HMO <input type="checkbox"/> Saver \$20 HMO <input type="checkbox"/> Saver \$30 HMO <input type="checkbox"/> Saver \$40 HMO <input type="checkbox"/> Select \$35 HMO <input type="checkbox"/> Select \$45 HMO <input type="checkbox"/> Other _____		

<b>DENTAL PLANS</b>	<b>EmployeeElect and EmployeeChoice Plans</b> <input type="checkbox"/> All dental plans or designate specific plan options <i>(Check as many as apply)</i> <input type="checkbox"/> Dental Blue Silver 100-80 <input type="checkbox"/> Dental Blue Silver Plus 100-80 <input type="checkbox"/> Dental Blue Gold 100-80 <input type="checkbox"/> Dental Blue Gold Plus 100-80 <input type="checkbox"/> Dental Blue Platinum 100-80 <input type="checkbox"/> Dental Blue Platinum Plus 100-80 <input type="checkbox"/> High Option PPO* <input type="checkbox"/> Standard Option PPO* <input type="checkbox"/> Basic Option PPO* <input type="checkbox"/> Dental Net <input type="checkbox"/> Other _____	<b>Voluntary Dental Coverage</b> <input type="checkbox"/> Voluntary PPO Dental <input type="checkbox"/> Voluntary Dental Saver SelectHMO	<b>BenefIts Plans</b> <input type="checkbox"/> Dental Blue BeneFits (Dental PPO) BeneFits <i>(Included in Hospital BeneFits Preferred)</i> <input type="checkbox"/> Dental Net (Dental HMO)
	<i>*Fee-for-service dental coverage will be substituted if the member is outside of the PPO dental service area</i>		

<b>LIFE COVERAGE</b>	Life Amount: \$ _____ <i>(\$15,000 - \$50,000, in \$5,000 increments)</i>	<b>VISION PLANS</b>	<input type="checkbox"/> Blue View <input type="checkbox"/> Blue View Plus
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## GROUP INFORMATION

Group name	Group no. <i>(if existing group)</i>		Group SIC code <i>(required)</i>
City	State	ZIP code	Requested effective date
How would you like to receive your rate quote? <input type="checkbox"/> Fax rates <input type="checkbox"/> E-mail rates <input type="checkbox"/> E-mail rates and benefits			

## AGENT INFORMATION

Agent name	Anthem agent no.	CA license no.	
Address	City	State	ZIP code
Phone no.	Fax no.	E-mail address	

*(Attach census spreadsheet providing the above information or use the additional space on the reverse side).*

**PLEASE FAX THIS FORM TO: 800-944-0250 OR SEND AN E-MAIL TO [RAPIDQUOTE@WELLPOINT.COM](mailto:RAPIDQUOTE@WELLPOINT.COM)**

Group name	Requested effective date	Agent name	Agent phone no.
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	Name of Employee (Last name, First name, M.I.)	Date of Birth	Home ZIP Code	Spouse	No. of Children
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15				<input type="checkbox"/> Yes <input type="checkbox"/> No	
16				<input type="checkbox"/> Yes <input type="checkbox"/> No	
17				<input type="checkbox"/> Yes <input type="checkbox"/> No	
18				<input type="checkbox"/> Yes <input type="checkbox"/> No	
19				<input type="checkbox"/> Yes <input type="checkbox"/> No	
20				<input type="checkbox"/> Yes <input type="checkbox"/> No	
21				<input type="checkbox"/> Yes <input type="checkbox"/> No	
22				<input type="checkbox"/> Yes <input type="checkbox"/> No	
23				<input type="checkbox"/> Yes <input type="checkbox"/> No	
24				<input type="checkbox"/> Yes <input type="checkbox"/> No	
25				<input type="checkbox"/> Yes <input type="checkbox"/> No	
26				<input type="checkbox"/> Yes <input type="checkbox"/> No	
27				<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Attach additional sheets if needed)