



**CaliforniaChoice**<sup>®</sup>  
Your Health. Your Choice.<sup>®</sup>

721 South Parker, Suite 200, Orange, CA 92868  
(800) 558-8003

# New Hire Enrollment Quote Request

**FAX completed form to: (714) 953-4097**

## A Employer Information

DATE	NAME OF REQUESTOR	TELEPHONE NUMBER (INCLUDING AREA CODE)
EMPLOYER NAME	CALIFORNIA CHOICE <sup>®</sup> GROUP NUMBER	GROUP EFFECTIVE DATE

## B Employee Information **NOTE: MUST have birth date, zip code and date of hire to process this quote.**

If this request is to add dependents only, please refer to your rate guide. If you do not have a rate guide, one can be ordered by calling (800) 558-8003.

**1** Employee Last Name Birth Date (mo/day/year)

Employee First Name M.I. Hire Date (mo/day/year)

Residence Zip Code Residence City Gender:  Male  Female Show Rates:  Before Employer Contribution  After Employer Contribution

**2** Employee Last Name Birth Date (mo/day/year)

Employee First Name M.I. Hire Date (mo/day/year)

Residence Zip Code Residence City Gender:  Male  Female Show Rates:  Before Employer Contribution  After Employer Contribution

**3** Employee Last Name Birth Date (mo/day/year)

Employee First Name M.I. Hire Date (mo/day/year)

Residence Zip Code Residence City Gender:  Male  Female Show Rates:  Before Employer Contribution  After Employer Contribution

## C Delivery Instructions

Mail To:

Employer (Group contact at billing address)  Other (Please complete mailing label on right)

Broker

NAME

MAILING ADDRESS

CITY STATE ZIP

TELEPHONE (INCLUDING AREA CODE)

**Materials will be sent within 48 hours upon receipt of your request**