

# Group Benefits Quote Request

**Anthony Nguyen**  
**Reign Insurance & Financial Services**  
**6601 Center Drive West Suite #500, Los Angeles, CA 90045**  
**Phone: 310-348-8129 Fax: 310-774-3921**  
**Lic.#0B73108**

Referred by:

[info@reigninsurance.com](mailto:info@reigninsurance.com)

**Group Information:**

Group Name \_\_\_\_\_ Requested Effective Date \_\_\_\_\_  
 Zip \_\_\_\_\_ Nature of Business \_\_\_\_\_ SIC Code \_\_\_\_\_  
 Current Carrier \_\_\_\_\_

**Quote Specifications** (check all that apply)

Bind Quote:  Yes  No Due Date: \_\_\_\_\_ Sent Via:  Fax  Mail  Overnight  Hold for Pickup  Email  
 Type of Carve out: \_\_\_\_\_ RAF:  Lowest  Standard

Please circle each product to be included in your quote.  Check here for all carriers, all products.

Carrier	Medical	Dental	Ancillary Products
Aetna	PPO/HMO	-	Life/AD & D/LTD
Blue Cross	PPO/HMO	FFS/PPO/Prepaid	Life
Community Health Group	HMO	-	-
Delta Dental	-	FFS/PPO/HMO**	-
Golden West	-	PPO/Prepaid	-
Health Net	POS/PPO/HMO	PPO/HMO	-
PacAdvantage	POS/PPO/HMO	FFS/PPO/Prepaid	Vision/Chiro
PacifiCare	POS/PPO/HMO	-	-
Principal	-	Indem.**/PPO/EPO	-
GE Dental & Vision	-	PPO**/ DHMO	-
U.S. Life	-	-	Life*/LTD*/STD*
Vision Service Plan			Vision**

Quoting time may be longer

"Minimum 5 participants

**Census Information:** Deps: EE=Employee only ES=Employee+Spouse

#C= # of Children

FA=Family

Name	Age/DOB	Sex	Deps.	Home Zip	COBRA (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

For additional employees, use the grid on the next page.

**Census Information:** Deps: EE=Employee only ES=Employee+Spouse #C=# of Children FA=Family

Name	Age/DOB	Sex	Deps.	Home Zip	COBRA (Y/N)
II					
12					
13					
14					
15					
16					
17					
IH					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
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33					
34					
35					
36					
37					
38					
39					
40					

*For additional employees, use die grid on the next page.*