

## Individual Insurance Quote Request Form

**Individual Plan Specialists**

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*WP-CA Eff. 1/13/12 – Rev. 1/17/12*

| BROKER INFORMATION                     |  |            |           |
|--|--|------------|-----------|
| Broker (required) :                    |  | License #: |           |
| Agency Name (required, if applicable): |  | License #: |           |
| Address:                               |  |            |           |
| City:                                  |  | State:     | Zip Code: |
| Phone:                                 |  | Email:     |           |
| Requested Effective Date:              |  |            |           |

| INDIVIDUAL INFORMATION |                         |               |              |
|------------------------|-------------------------|---------------|--------------|
| Home Zip Code          | Name                    | Date of Birth | Gender (M/F) |
|                        | Subscriber              |               |              |
|                        | Spouse/Domestic Partner |               |              |
|                        | Child                   |               |              |
|                        | Child                   |               |              |
|                        | Child                   |               |              |
|                        | Child                   |               |              |

| QUOTE SPECIFICATIONS          |   |   |                                   |  |  |  |
|-------------------------------|---|---|-----------------------------------|--|--|--|
|                               | <input type="checkbox"/> <b>MEDICAL</b><br><small>Click here if you want all Medical Carriers quoted.</small> | <input type="checkbox"/> <b>DENTAL</b> (available alongside medical)<br><small>Click here if you want all Dental Carriers quoted.</small> | <b>NEED APPOINTMENT PAPERWORK</b> |  |  |  |
| <b>Aetna</b>                  | <input type="checkbox"/> PPO <input type="checkbox"/> HSA   | <input type="checkbox"/> PPO  | <input type="checkbox"/>          |  |  |  |
| <b>Anthem Blue Cross</b>      | <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> HSA                        | <input type="checkbox"/> HMO <input type="checkbox"/> PPO   | <input type="checkbox"/>          |  |  |  |
| <b>Blue Shield</b>            | <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> HSA                        | <input type="checkbox"/> HMO <input type="checkbox"/> PPO   | <input type="checkbox"/>          |  |  |  |
| <b>Cigna</b>                  | <input type="checkbox"/> PPO <input type="checkbox"/> HSA   | <input type="checkbox"/> PPO  | <input type="checkbox"/>          |  |  |  |
| <b>Health Net</b>             | <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> HSA                        | <input type="checkbox"/> HMO <input type="checkbox"/> PPO   | <input type="checkbox"/>          |  |  |  |
| <b>Health Net Farm Bureau</b> | <input type="checkbox"/> PPO <input type="checkbox"/> HSA   | <input type="checkbox"/> HMO <input type="checkbox"/> PPO   | <input type="checkbox"/>          |  |  |  |

|                                   |  |
|-----------------------------------|--|
| <b>For PPO/HSA Plans:</b>         |  |
| Deductible range: \$      – \$    | Copayment range: \$      – \$                  |
| Out-of-Pocket range: \$      – \$ | Coinsurance range:      % –      %             |
| Premium range: \$      – \$       | Maternity plans only: <input type="checkbox"/> |

*Quotes will be sent as a link unless PDF is requested.*