

Bluegrass Family Health

Quote Request Form

651 Perimeter Drive, Suite 300
Lexington, KY 40517
Fax: 859-335-3750
Toll Free: 800-787-2680 ext. 4317
Kentucky & Indiana Quotes email: quotes@bgfh.com

2630 Elm Hill Pike Ste 110
Nashville, TN 37214
Fax: 615-872-1077 or 877-920-1077
Toll Free: 800-787-2680 ext. 2500
Tennessee Quotes email: tnquotes@bgfh.com

Company Name:					Request Date:	
Address:						
City:			State:	Zip:		County:
Phone:		Fax:		Business Type:		
Current Carrier:					How Long?	
Current Rates		Renewal Rates			Effective Date:	
Single:		Single:			Waiting Period:	
EE+Spouse:		EE+Spouse:			Employer Contribution:	
EE+Child:		EE+Child:				
Family:		Family:				
# Total	# Eligible	# Insured	# Waiving	# Part Time	# COBRA	# Retirees

*To receive a quote from the **Standard Plan List**, note the Medical Plans you would like to have quoted by the **Plan Name** and indicate the corresponding Pharmacy Option by the **Rx Code**.*

HMO	
Medical Plan Name	Rx Code

PPO	
Medical Plan Name	Rx Code

HRA Compatible	
Medical Plan Name	Rx Code

HSA Compatible	
Medical Plan Name	Rx Code: S
	Rx subject to Medical Deductible, Coinsurance and Out of Pocket Max

CUSTOM PLAN DESIGNS AVAILABLE FOR GROUPS OF 50+ EMPLOYEES ONLY						
<i>Please indicate the customized benefits requested.</i>						
Plan Design	Office Visit	Deductible	Coinsurance	Max OOP	(HMO Only) Inpatient	Rx Benefit
1)						
2)						
3)						

Broker Name:			Agency:			
Address:						
City:				State:	ZIP:	
Phone:		Fax:		Email:		

Internal Use Only			
Region:		Date Sent:	
SIC:		Rates Requested:	Pre-Final Final