Save time, request a quote online.
www.mutualmed.com

Group Quote Request

Business Name:		Effective Date:			
City & State:		Zip:		County:	
Fed Tax ID#:		Phone:		SIC Code:	
Nature of Business:		Current Carrier:			

Choose Carrier:

- ☐ Avera - SD
- ☐ BlueCross BlueShild of Illinois
- ☐ BlueCross Blue Shield-Wellmark IA/SD
- ☐ Health Alliance
- ☐ Humana
- ☐ UHC-River Valley
- ☐ UnitedHealthcare

Ancillary Products

- ☐ Brokers National
- ☐ CompBenefits
- ☐ Delta Dental
- ☐ Fort Dearborn
- ☐ Reliance Standard
- ☐ Transamerica
- ☐ UnitedHealthcare
- ☐ VSP Vision

Deductible

- ☐ $500
- ☐ $750
- ☐ $1,000
- ☐ $2,500

Co-Pay

- ☐ $20 ☐ $30 ☐ HSA

Co-Insurance

- ☐ 90%/70%
- ☐ 80%/60%

Stop-Loss

- ☐ $5,000 ☐ $10,000

RX

- ☐ 8/35/50 ☐ 10/25/40
- ☐ $100/$200 8/35/50

Ancillary Products

- ☐ S.T.D. 1/8/13 or 26____%
- ☐ L.T.D.__90__180 day__%
- ☐ Life $_____
- ☐ Vision
- ☐ Dental
- ☐ Section 125

*Salaries needed for Disability Products
*Occupations also for LTD

Male/Female	Age or DOB	Med Code	Occupation	Spouse Age	# of Children	Annual Salary

Medical Code 1 = Single 2 = EE/SP 3 = EE Chd 4= Family 5=Life Only (Waiving Health)

Comments

Agent Name:		Agt. Phone		Agent Fax:	
Address:		City, State		Email:	

Quote@MutualMed.com
Fax quotes to: 563.359.2880

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4321 E 60th St Davenport, IA 52807

Phone: 800.747.4126

Updated 3/7/2012