



# OLD PUEBLO BENEFIT ADVISORS, LLC

## INDIVIDUAL QUOTE REQUEST

DATE: \_\_\_\_\_

CLIENT INFORMATION:

NAME: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

	GENDER- Circle	AGE or DOB	TOBACCO USER	
MALE AGE _____	CHILD #1 M/F	_____	Yes	No
TOBACCO USER:	CHILD #2 M/F	_____	Yes	No
Yes/No	CHILD #3 M/F	_____	Yes	No
	CHILD #4 M/F	_____	Yes	No
	CHILD #5 M/F	_____	Yes	No
FEMALE AGE _____	CHILD #6 M/F	_____	Yes	No
TOBACCO USER:	CHILD #7 M/F	_____	Yes	No
Yes/No				

PLANS

PPO-DEDUCTIBLE RANGE	HSA*
\$250 - \$500 _____	\$1,500 - \$2,500 _____
\$1,000 - \$1,500 _____	\$3,000 - \$4,000 _____
\$2,000 - \$2,500 _____	\$4,500 - \$6,000 _____
\$3,000 - \$4,500 _____	
\$5,000 - \$7,900 _____	

Are you looking for lowest cost or best coverage? \_\_\_\_\_

Are You Interested in seeing any of the following coverages: Life Insurance, Critical Illness insurance, GAP insurance, Vision Insurance, Disability Insurance, Accident, Auto Insurance, Home Insurance, Personal Umbrella?

CIRCLE YOUR CHOICES ABOVE

**Are there specific providers desired in the network quoted?**

FULL DOCTOR NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

FULL DOCTOR NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

Do you currently have major medical in force? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give brief details include any maintenance medications

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You may fax your request to us at 888-754-0411 or email [vicki@oldpueblobenefitadvisors.com](mailto:vicki@oldpueblobenefitadvisors.com)