



Rapid Quote Request

- Complete the following to receive quotes for groups of 2-50 eligible employees within 2 business days.
- Fax to (800) 944-0250 or send an e-mail to **RapidQuote@wellpoint.com**
- For information on benefits and/or underwriting, please contact Agent Support at (800) 678-4466.
- For a Worker's Compensation proposal, please call (800) 520-1683.



Today's Date

Please send a rate quote on the following plan option(s):

MEDICAL PLANS	EmployeeElect Plans <input type="checkbox"/> All medical plans* or designate specific plan options (<i>Check as many as apply</i>) <input type="checkbox"/> Basic PPO <input type="checkbox"/> Saver PPO <input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> PPO \$40 Copay <input type="checkbox"/> PPO \$30 Copay <input type="checkbox"/> Advantage PPO \$25 Copay <input type="checkbox"/> Premier PPO \$20 Copay <input type="checkbox"/> Premier PPO \$10 Copay <input type="checkbox"/> Other _____	<input type="checkbox"/> Power HealthFund 750 <input type="checkbox"/> Power HealthFund 500 <input type="checkbox"/> PPO 2400 (HSA-Compatible) <input type="checkbox"/> PPO 3500 (HSA-Compatible) <input type="checkbox"/> High Deductible EPO <input type="checkbox"/> Saver HMO <input type="checkbox"/> Classic HMO <input type="checkbox"/> HMO 100% <input type="checkbox"/> Power SelectHMO	EmployeeChoice Plans <input type="checkbox"/> All medical plans or designate specific plan options (<i>Check as many as apply</i>) <input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> PPO \$30 Copay <input type="checkbox"/> Premier PPO \$20 Copay <input type="checkbox"/> PPO 2400 (HSA-Compatible) <input type="checkbox"/> Saver HMO <input type="checkbox"/> Other _____	Benefits Plans <input type="checkbox"/> All medical plans or designate specific plan options (<i>Check as many as apply</i>) <input type="checkbox"/> Hospital Benefits <input type="checkbox"/> Hospital Benefits Plus <input type="checkbox"/> Hospital Benefits Preferred Comprehensive Benefits Plans: <input type="checkbox"/> PPO \$35 Copay GenRx <input type="checkbox"/> Power SelectHMO <input type="checkbox"/> Other _____
	<small>*Basic PPO Plan is included in the "All medical plans" option or can be selected in combination with one or more additional PPOs only to groups uninsured for 30 or more days.</small>			

DENTAL PLANS	EmployeeElect and EmployeeChoice Plans <input type="checkbox"/> All dental plans or designate specific plan options (<i>Check as many as apply</i>) <input type="checkbox"/> Silver 1000 PPO <input type="checkbox"/> Gold 1500 PPO <input type="checkbox"/> Gold Preferred 1500 PPO	<input type="checkbox"/> Platinum 2000 PPO <input type="checkbox"/> Platinum Preferred 2000 PPO	<input type="checkbox"/> High Option PPO** <input type="checkbox"/> Standard Option PPO** <input type="checkbox"/> Basic Option PPO**	<input type="checkbox"/> Dental Net <input type="checkbox"/> Dental SelectHMO <input type="checkbox"/> Other _____	Benefits Plans <input type="checkbox"/> Dental Benefits <small>(included in Hospital Benefits Preferred)</small> <input type="checkbox"/> Dental Net
	<small>**Fee-for-service dental coverage will be substituted if the member is outside of the PPO dental service area.</small>				

LIFE COVERAGE	Life Amount: \$ _____ (<i>\$15,000 – \$50,000, in \$5,000 increments</i>)	VISION PLANS	<input type="checkbox"/> Blue View	<input type="checkbox"/> Blue View Plus
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GROUP INFORMATION

Group Name		Group No. (<i>if existing group</i>)		Group SIC Code (<i>required</i>)	
City		State	ZIP Code	Requested Effective Date	
How would you like to receive your rate quote? <input type="checkbox"/> Fax rates <input type="checkbox"/> E-mail rates <input type="checkbox"/> E-mail rates and benefits					

AGENT INFORMATION

Agent Name		BCC Agent No.		CA License No.	
Address		City		State	ZIP Code
Phone No. ()	Fax No. ()	E-mail Address			

	Name of Employee (<i>Last name, First name, M.I.</i>)	Date of Birth	Home ZIP Code	Spouse	No. of Children
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Attach census spreadsheet providing the above information or use the additional space on reverse side)

PLEASE FAX THIS FORM TO: (800) 944-0250 or SEND AN E-MAIL TO: RapidQuote@wellpoint.com

Blue Cross of California (BCC) offers the Power SelectHMO plan and the Dental Net plan. BC Life & Health Insurance Company (BCL&H) offers the three Hospital Benefits plans and the PPO \$35 Copay GenRx plan, the Dental Benefits plan and Term Life and AD&D products. BCC and BCL&H are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA.

Group Name	Requested Effective Date	Agent Name	Agent Phone No.
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	Name of Employee (Last name, First name, M.I.)	Date of Birth	Home ZIP Code	Spouse	No. of Children
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15				<input type="checkbox"/> Yes <input type="checkbox"/> No	
16				<input type="checkbox"/> Yes <input type="checkbox"/> No	
17				<input type="checkbox"/> Yes <input type="checkbox"/> No	
18				<input type="checkbox"/> Yes <input type="checkbox"/> No	
19				<input type="checkbox"/> Yes <input type="checkbox"/> No	
20				<input type="checkbox"/> Yes <input type="checkbox"/> No	
21				<input type="checkbox"/> Yes <input type="checkbox"/> No	
22				<input type="checkbox"/> Yes <input type="checkbox"/> No	
23				<input type="checkbox"/> Yes <input type="checkbox"/> No	
24				<input type="checkbox"/> Yes <input type="checkbox"/> No	
25				<input type="checkbox"/> Yes <input type="checkbox"/> No	
26				<input type="checkbox"/> Yes <input type="checkbox"/> No	
27				<input type="checkbox"/> Yes <input type="checkbox"/> No	
28				<input type="checkbox"/> Yes <input type="checkbox"/> No	
29				<input type="checkbox"/> Yes <input type="checkbox"/> No	
30				<input type="checkbox"/> Yes <input type="checkbox"/> No	
31				<input type="checkbox"/> Yes <input type="checkbox"/> No	
32				<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Attach additional sheets if needed)