



Individual Quote Request

Flexible Benefit Service Corporation– Quoting Department
10275 W. Higgins Road, Suite 500 Rosemont, IL 60018
T: 847-699-6900 F: 847-699-6906
E: quotes@flexiblebenefit.com

Date: _____
Flex Rep: _____

Section 1: Broker Information (Please complete in full.)

Broker Name: _____
Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Email Address: _____

Section 2: Applicant Information (Please complete in full.)

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Email Address: _____

Section 3: Quote Information (Please complete in full.)

Applicant: Gender: M / F Date of Birth: _____ Smoker: Y / N Maternity: Y / N

Spouse: Gender: M / F Date of Birth: _____ Smoker: Y / N Maternity: Y / N

Children:

- 1. Name: _____ Gender: M / F Date of Birth: _____
- 2. Name: _____ Gender: M / F Date of Birth: _____
- 3. Name: _____ Gender: M / F Date of Birth: _____
- 4. Name: _____ Gender: M / F Date of Birth: _____
- 5. Name: _____ Gender: M / F Date of Birth: _____

Section 4: Carrier Information

- Aetna® Assurant® BlueCross BlueShield® of Illinois Celtic® UnitedHealthOne®

Notes: _____

