



Central California Builders Exchange

Group Medical Insurance Quote Request Form

Complete and fax to: (559) 251-0506

Employer Information

Employer Name: _____

Address _____

City, St, ZIP _____

Telephone: _____

Fax: _____

Contact: _____

Current Plan Information:

Insurance Company: _____

Office Visit Copayment: _____

Plan Type: HMO / PPO / Other

I am interested in (check all that apply):

- Medical—HMO Medical—PPO
- Dental Life
- Chiro/Acupuncture Vision

License #OB17048

Exclusive agents for the Fresno Builders Exchange medical insurance program. Offering Kaiser, Health Net, Metlife Dental, Metlife Life, VSP Vision Plans, American Specialty Health Plans of Cal. with Chiropractic and Acupuncture.

Authorized agents for: Blue Cross, Blue Shield, Kaiser, Aetna, Health Net, Met Life, California Choice, Nationwide and many more.

Employee Name	Sex	Age	Spouse Covered?	# of Covered Children	Zip Code
1			Y / N		
2			Y / N		
3			Y / N		
4			Y / N		
5			Y / N		
6			Y / N		
7			Y / N		
8			Y / N		
9			Y / N		
10			Y / N		
11			Y / N		
12			Y / N		
13			Y / N		
14			Y / N		
15			Y / N		

Q&A Insurance Marketing, Inc.

www.kdionline.com

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CCBE