

Bluegrass Family Health

Quote Request Form

651 Perimeter Drive, Suite 300
Lexington, KY 40517

Kentucky & Indiana Quotes email:
quotes@bgfh.com

Fax: 859-335-3750
Toll Free: 800-787-2680, ext 4139

Company Name:					Date Submitted:	
Address:						
City:			State:	Zip:	County:	
Phone:		Fax:			Business Type:	
Current Carrier:			How Long?		Effective Date:	
Rates:		If Dual Option:			Waiting Period:	
Current	Renewal	Current	Renewal			
Single:					Minimum hours worked per week required for eligibility:	
EE+Spouse:						
EE+Child:						
EE+Family:						
# Total	# Eligible	# Insured	# Waiving	# Part Time	# COBRA	# Retirees

*To receive a quote from the **Standard Plan List**, note the Medical Plans you would like to have quoted by the **Plan Code** and indicate the corresponding Pharmacy Option by the **Rx Rider**.*

Plan Design (PPO/HSA/HMO)	Plan Code (ex: IS101234, KS101234)	Rx Rider (ex: S,J,W,J4, etc.)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

CUSTOM PLAN DESIGNS AVAILABLE FOR GROUPS OF 51+ EMPLOYEES ONLY

Please indicate the customized benefits requested.

Plan Design	Office Visit	ER Copay	Deductible	Coinsurance	Max OOP	(HMO Only) Inpatient	Rx Benefit/Rider
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

Broker Name:			Agency:			
Name to enter group on BFH's Online Quoting tool (if different than broker's name)						
Address:						
City:				State:	ZIP:	
Phone:		Fax:		Email:		

Internal Use Only

Region:		Date Sent:		
SIC:	Rates Requested:	Pre-Final	Final	