

Free Quote Form



For Anthem Blue Cross and Blue Shield Group Health Insurance

*Get a **FREE, No Obligation Quote** and see the value added benefit*

Anthem Blue Cross and Blue Shield can bring to your company!

Just complete the following information and we will provide you with a free quote:

Company: _____

Name: _____

Address: _____

City, State and Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Business SIC
or Description: _____

Are you a member of a Chamber of Commerce? Yes No

If so, which one: _____

Current Health
Insurance Carrier: _____

Current Plan Type: _____

Current Broker/
Consultant: _____



Employee age	Sex	Check those to be covered				
		Employee	Spouse	Spouse's age	Child	No. of children
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
NO. OF EMPLOYEES						

SUBMIT THIS FORM TO:	
Fax to:	(614) 889-6129
Mail to:	Shawan-Marquis 110 E. Wilson Bridge Rd., Ste. 260 Worthington, OH 43085

For more information about these reduced rates,
call the Central Ohio Chambers of Commerce at (888) 506-1574.