



**PROFESSIONAL INSURANCE CONCEPTS, INC.**  
 7922 Westglen Dr., Suite 100  
 Houston, TX 77063

Phone: 713-260-5470  
 Fax: 713-784-3777  
 Toll Free: 800-683-4055

## Group Medical Quote Request

Name of Group:		Address:			
City:	State:	Zip:	County:		
Nature of Business:			SIC Code:		
Effective Date:	Years In Business:		No. of Employees:		
Employer Contribution: Employee _____% Dependents _____%					
Agency Name:				Agent:	
Agent Phone:		Agent Fax:		Rep:	
Deadline (Date and Time):			Census Data Received:		

### Plan Design

	Quote 1	Quote 2		Quote 1	Quote 2
Deductible			Supp. Accident		
Co-Insurance			Maternity		
Stop-Loss			Dental		
Co-Pays			Life		
RX Card					

### Products

(Please Check One)

IAC	Aetna US Healthcare	HealthMarket
<input type="checkbox"/> Series 200/2000	<input type="checkbox"/> HMO Option 1 <input type="checkbox"/> PPO Option 1	<input type="checkbox"/> 10-90-20 Plan A (\$1,000 Ded, 90% Coins, \$2,000 Max Out-of-Pocket)
<input type="checkbox"/> Series 100/1000	<input type="checkbox"/> HMO Option 2 <input type="checkbox"/> PPO Option 2	<input type="checkbox"/> 10-80-20 Plan B (\$1,000, 80%, \$2,000)
<input type="checkbox"/> CC Personal Health Plan	<input type="checkbox"/> HMO Option 3 <input type="checkbox"/> PPO Option 3	<input type="checkbox"/> 10-70-20 Plan C (\$1,000, 70%, \$2,000)
<input type="checkbox"/> Complete Care Groups	<input type="checkbox"/> Traditional Choice Plan 1	<input type="checkbox"/> 20-80-40 Plan D (\$2,000, 80%, \$4,000)
<input type="checkbox"/> CC Group Advantage		<input type="checkbox"/> 5-90-15 Plan E (\$500, 90%, \$1,500)
United HealthCare		<input type="checkbox"/> 5-80-15 Plan F (\$500, 80%, \$1,500)
<input type="checkbox"/> HMO TT-C \$300 Ded 90/70	<input type="checkbox"/> PPO AC-E \$500 Ded 90/70	<input type="checkbox"/> 5-70-15 Plan G (\$500, 70%, \$1,500)
<input type="checkbox"/> HMO TT-D \$500 Ded 90/70	<input type="checkbox"/> PPO AC-F \$250 Ded 90/70	<b>Notes</b>
<input type="checkbox"/> HMO TT-E \$500 Ded 80/60	<input type="checkbox"/> PPO AC-N \$1,000 Ded 70/50	
<input type="checkbox"/> HMO TT-F \$750 Ded 80/60	<input type="checkbox"/> PPO AC-O \$1,500 Ded 80/60	
<input type="checkbox"/> HMO TT-G \$1,000 Ded 80/60	<input type="checkbox"/> PPO AC-P \$2,500 Ded 80/60	
<input type="checkbox"/> PPO AC-A \$1,000 Ded 80/60	<input type="checkbox"/> PPO AC-Q \$3,000 Ded 70/50	
<input type="checkbox"/> PPO AC-B \$500 Ded 80/60	<input type="checkbox"/> PPO AC-R \$2,000 Ded 80/60	
<input type="checkbox"/> PPO AC-C \$500 Ded 90/70	<input type="checkbox"/> OTHER	
<input type="checkbox"/> PPO AC-D \$500 Ded 80/60		

<b>EE</b>	<b>Sex</b>	<b>DOB</b>	<b>Coverage</b>	<b>Cobra</b>	<b>Medical Conditions</b>
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***E=EE Only    S=EE & Spouse    C=EE & Child(ren)    F=Family    L=Life Only***