

**GROUP HEALTH QUOTE FORM**  
**FAX or email to Mark Wagner @ 701-235-0941**  
**PHONE 701-318-0908 mark@fargolife.com**

**GROUP NAME:** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **CURRENT CARRIER:** \_\_\_\_\_

**AGENT:** Mark Wagner \_\_\_\_\_ **AGENT FAX #/EMAIL:** 701-235-0941 \_\_\_\_\_ **CURRENT AOR:** Y N

**RENEWAL RATES:** \$ \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_ **CURRENT PLAN DESIGN:** \_\_\_\_\_

**PLAN DESIGN TO BE QUOTED:**

**HSA:** Y N **HSA/HRA DEDUCTIBLE:** 2000 2500 3000 3500 5000 **COINSURANCE:** 100% 80% 50% **OUT OF POCKET:** 1000 2000 3000

**PPO NETWORK:** \_\_\_\_\_ **DEDUCTIBLE:** 500 1000 1500 2000 **OFFICE COPAY:** \$20 \$30 \$50

**COINSURANCE:** 90% 80% 70% 50% **OUT OF POCKET:** 1000 1500 2000 2500 **DRUG CARD:** \$25/\$50/\$75 NONE .PRICING CARD

**MEDICAL INFORMATION:**

**With in the last 5 years has anyone to be insured have been diagnosed with any of the following:**

Heart disorder ie: heart attack, stroke or chest pain? Y N      Hepatitis, Crohns or other disease of the digestive system? Y N

Kidney or liver disease or insulin Diabetic? Y N      Cancer, HIV, Alcoholism or drug abuse? Y N

Is anyone Currently Pregnant? Y N

<u>Employee</u>	<u>Gender</u>	<u>Age</u>	<u>Spouse Age</u>	<u># children</u>	<u>Employee</u>	<u>Gender</u>	<u>Age</u>	<u>Spouse Age</u>	<u># children</u>
1	m / f				11	m / f			
2	m / f				12	m / f			
3	m / f				13	m / f			
4	m / f				14	m / f			
5	m / f				15	m / f			
6	m / f				16	m / f			
7	m / f				17	m / f			
8	m / f				18	m / f			
9	m / f				19	m / f			
10	m / f				20	m / f			