

Health Insurance Quote Request Form

MEDICAL & DENTAL QUOTE REQUEST FORM

Tom Susic Insurance Agency
California License # 0E01889
755 Turrini Drive
Danville, CA 94526
925-389-0710 - *Please call if any questions*
www.shoestringsolutions.com/insurance

Please Email or Fax information to:
 Email: tom.susic@att.net
 Fax: 925-837-2175

Please complete the form below. Please check one or more of the following:

- Aetna**, **Anthem Blue Cross**, **Blue Shield**, **HealthNet**, **Kaiser**,
 Other: _____

(Optional) Work Company Name: _____ **Work Phone:** _____

Your Address: _____

Your City, State, and Zip Code: _____

Your Phone number(s): _____

Your Email(s): _____

Name	Sex (M/F)	Date of Birth	Smoke (Yes/No)	School (Yes/No)
1. You				
2. Spouse				
3. Child				
4. Child				
5. Child				
6. Child				
7. Child				
8. Child				

All health insurance carriers will ask about current health conditions and medications being taken.
 Quotes provided are before any determined medical condition rate-ups.

Note: Premiums are the same whether or not you use an agent, broker, or representative.