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Group Quote Request

Business Name:		Effective Date:			
City & State:		Zip:		County:	
Fed Tax ID#:		Phone:		SIC Code:	
Nature of Business:		Current Carrier:			

Choose Carrier:	Network	Ancillary Products
☐ Avera - SD ☐ BlueCross BlueShild of Illinois ☐ BlueCross Blue Shield-Wellmark IA/SD ☐ Health Alliance ☐ Humana ☐ UHC-River Valley ☐ UnitedHealthcare	☐ PHCS ☐ Midlands Choice ☐ MultiPlan ☐ Healthlink ☐ PPI	☐ Brokers National ☐ CompBenefits ☐ Delta Dental ☐ Fort Dearborn ☐ Reliance Standard ☐ Transamerica ☐ UnitedHealthcare ☐ VSP Vision

Deductible	Co-Insurance	Medical Code	Benefit Options	Ancillary Products
☐ $500 ☐ $750 ☐ $1,000 ☐ $2,500 **Co-Pay** ☐ $20 ☐ $30	☐ 90%/70% ☐ 80%/60% **Stop-Loss** ☐ $5,000 ☐ $10,000 **RX** ☐ 8/35/50 ☐ 10/25/40 ☐ $100/$200 8/35/50	1 = Single 2 = EE/SP 3 = EE Chd 4= Family 5=Life Only (Waiving Health)	☐ Chiro ☐ Dental ☐ HSA ☐ Preventive ☐ Supp Accident ☐ Vision	☐ S.T.D. 1/8/13 or 26____% ☐ L.T.D.__90__180 day__% ☐ Life $_____ ☐ Section 125 ☐ Vision ☐ Dental *Salaries needed for Disability Products *Occupations also for LTD

Male/Female	Age or DOB	Med Code	Occupation	Spouse Age	# of Children	Annual Salary

Agent Name:		Agt. Phone		Agent Fax:	
Address:		City, State		Email:	

Quote@MutualMed.com
Fax quotes to: 563.359.2880

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4321 E 60th St Davenport, IA 52807

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