



Individual Quote Request

Agents must be contracted with the carrier prior to requesting a quote

| | | | | |
|--|---------|---------------------------------|--------------------|---------------------|
| Applicant Full Name: | | | | |
| DOB: | Height: | Weight: | Gender: F / M | Tobacco: Y / N |
| Spouse Full Name: | | | | |
| DOB: | Height: | Weight: | Gender: F / M | Tobacco: Y / N |
| Children: DOB & Gender | | | | |
| City: | County: | State: | Zip Code: | |
| Individual Under 65 Health Carriers | | | | |
| IA Carriers: | | IL Carriers: | | SD Carriers: |
| Coventry | | BlueCross BlueShield | | Avera |
| UnitedHealthOne | | UnitedHealthOne | | Wellmark |
| Wellmark | | | | |
| Individual Stand Alone Products | | | | |
| IA Carriers: | | IL Carriers: | | SD Carriers: |
| Delta Dental | | IMG - Travel | | Delta Dental |
| IMG - Travel | | PrimeStar Dental | | IMG - Travel |
| Prime Star Dental | | UnitedHealthOne Dental | | PrimeStar Dental |
| UnitedHealthOne Dental | | | | |
| Product Information Request | | | | |
| Carrier Application | | Carrier Product/Benefit Summary | | |
| Agent Name: | | | | |
| Agent Email Address: | | | | |
| Phone Number: | | | Fax Number: | |

website: www.mutualmed.com

Email: Individual@mutualmed.com

Mutual Med

Phone: 800.747.4126

Fax quotes to: 563-359-2874

4321 E. 60th St, Davenport, IA 52807

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