

Express Underwriting Request

For groups of 2-99 eligible employees



Please submit this form to EasyRate in addition to the other requirements needed to obtain a quote.

EasyRate fax: 1-800-344-3294

EasyRate e-mail: ezrate@humana.com (Please include "exuw" in the email subject line)

If a quote already exists:

- Existing quote number _____
- Did the census change Yes No

Provide for all quote requests:

Company name _____
Company address _____
City _____ County _____
State _____ Zip code _____
Company phone _____
Company contact _____
Nature of business or SIC number _____
Multi-location quote Yes No
If yes, provide county and state for each working location.

Sales office/Sales executive _____
Agent/Agency name _____
SS#/Agency tax ID _____
Agent phone _____
Agent fax _____
Agent e-mail address _____
If additional medical information is required, my preference is that you contact: (check one)
 Agent via phone
 Applicant via phone

Checklist of Requirements—All documents need to be thoroughly completed

Required with every quote:

- Express Underwriting Request Form
- Census Information
(if multi-location group, specify census for each location)

Plus one of the following:

- Humana Employee Applications
- Other Carrier Employee Applications
- Approved Agency Questionnaires
- Humana Risk Assessment Form
 - As appropriate by state and case size
 - Employee applications not required

Comments / Other Instructions
