



# BLACK, GOULD & ASSOCIATES, INC.

## INDIVIDUAL QUOTE REQUEST

AGENT'S NAME: \_\_\_\_\_ AGENT'S EMAIL: \_\_\_\_\_  
 AGENT'S PHONE: \_\_\_\_\_ AGENT'S FAX: \_\_\_\_\_

REQUESTED EFFECTIVE DATE \_\_\_\_\_

- OPEN ENROLLMENT—NOVEMBER 1, 2015 TO JANUARY 31, 2016  
 QUALIFYING LIFE EVENT \_\_\_\_\_ QLE DATE \_\_\_\_\_  
 NO QUALIFYING LIFE EVENT (LIMITED OPTIONS)

CLIENT NAME: \_\_\_\_\_ CLIENT ZIP CODE: \_\_\_\_\_  
 CLIENT COUNTY: \_\_\_\_\_ CLIENT STATE: \_\_\_\_\_

| MALE DOB _____   |          | GENDER                     |                            | DOB   |                              | TOBACCO USER*               |
|--|----------|----------------------------|----------------------------|-------|------------------------------|-----------------------------|
| TOBACCO USER*:   | CHILD #1 | <input type="checkbox"/> M | <input type="checkbox"/> F | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | CHILD #2 | <input type="checkbox"/> M | <input type="checkbox"/> F | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | CHILD #3 | <input type="checkbox"/> M | <input type="checkbox"/> F | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | CHILD #4 | <input type="checkbox"/> M | <input type="checkbox"/> F | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| FEMALE DOB _____   | CHILD #5 | <input type="checkbox"/> M | <input type="checkbox"/> F | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TOBACCO USER*:   | CHILD #6 | <input type="checkbox"/> M | <input type="checkbox"/> F | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | CHILD #7 | <input type="checkbox"/> M | <input type="checkbox"/> F | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\*During the past six months, have you used any tobacco on average 4 or more times per week not counting tobacco used for religious or ceremonial reasons?

### Coverage Type

- HMO<sup>1</sup>  
 PPO /POS<sup>1</sup>  
 HSA - PPO/POS<sup>1</sup>  
 HSA - HMO  
 Dental/Vision  
 Short-Term

### Level

- Platinum  
 Gold  
 Silver  
 Bronze  
 Catastrophic<sup>2</sup>

### Deductibles

- Under \$1,000  
 \$1,000-2,999  
 \$3,000-4,999  
 \$5,000-6,999

<sup>1</sup> Only the family deductible may apply for some plans with more than one member enrolled

<sup>2</sup> Only available to those under 30 or with a Hardship Exemption

### Are there specific providers desired in the network quoted?

FULL DOCTOR NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_  
 FULL DOCTOR NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

**You may fax your request to Individual Dept at 602-424-3017 or email [individualquotes@blackgould.com](mailto:individualquotes@blackgould.com)**

If you would like to see our individual product portfolio, or would like to use our individual rater, check out our website at [www.blackgould.com](http://www.blackgould.com)