



HEALTH INSURANCE — REQUEST FOR QUOTE

Have you received your health insurance renewal increase yet? Are they substantially higher?

Are you limited to only one or two plan selections for your employees?

Are you billed an additional monthly fee for the administration of your insurance?

Compare your present health coverage to PINC's programs.

Our program allows you to mix and match several plans!

Company Name	Contact Name	Phone ()
Address		Fax ()
City	State	ZIP
Email		

Please furnish the following information which will assist us in evaluating your needs:

1 Name of your current carrier _____

Is your current plan an HMO? Amount of office visit co-pay _____

Is your current plan a PPO? What is the calendar year deductible? _____

Amount of office visit co-pay _____

2 Send a copy of your current carrier's monthly premium statement.

Are these rates your expiring rates? _____

Or your renewal rates? _____

What is your renewal date? _____

3 List the information for each employee.

Employee Name	DOB	Age	Gender	Coverage Code →
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PINC Health Program Coverage Code	
CODE	DESCRIPTION
01	Employee Only
02	Employee & Spouse
03	Employee & Child(ren)
04	Family

4 Fax to: Lena Nelson, PINC Health Program, (800) 824-1911 or (415) 543-7790.
If you have any questions, contact Lena at (415) 489-7618 or (800) 659-3363, ext. 118.