

**Fax this form to: 888-998-8709**  
**For further assistance please call: 800-999-9789 Prompt 5**

## General Information

<b>Date:</b>	<b>Due Date/Time:</b>
<b>State:</b>	<b>Agent/Agency:</b>
<b>Requested By:</b>	<b>Agent #:</b>
<b>Phone #:</b>	<b>Account Executive:</b>
<input type="checkbox"/> <b>New Group</b> (Summary & Rates required):	
<input type="checkbox"/> <b>Existing Group:</b>	Group Number(s):
<input type="checkbox"/> <b>Plan Change(s)</b> (Summary & Rates required):	Description:
Group Name:	

## Delivery Instructions

<input type="checkbox"/> <b>Mail</b>	<input type="checkbox"/> <b>Personal Delivery</b>
Address:	Name:
	<input type="checkbox"/> <b>Pick-up</b>
	Name:
Attn:	Phone Number:

## Request Details

<i>Pre-Enrollment Kits</i>	<i>Stand-Alone Products</i>	Quantity
<b>Quantity:</b>	<b>Flyers:</b>	
<b>Plans:</b>	<b>Group Rate Sheet</b>	
<b>Items to Include In Kit:</b> (Check all that apply)	<b>Provider Directory</b>	
<input type="checkbox"/> Summary/Brochure	<b>Enrollment card</b>	
<input type="checkbox"/> Provider Directory	Address:	
<input type="checkbox"/> Enrollment Card	Address:	
<input type="checkbox"/> Vision	<b>Individual Plan Brochure</b>	
<input type="checkbox"/> <b>Additional Information:</b>	Address:	
	Address:	
	<b>Other:</b>	

Order Size	Expected Completion
1-100	2 Full Business Days
101-499	3 Full Business Days
500+	4 Full Business Days