# Free Quote Form

Central Ohio CHAMBERS OF COMMERCE

Anthem

**For Anthem Blue Cross and Blue Shield Group Health Insurance**

## *Get a FREE, No Obligation Quote* *and see the value added benefit*

*Anthem Blue Cross and Blue Shield can bring to your company!*

Just complete the following information and we will provide you with a free quote:

**Company:** _____

**Name:** _____

**Address:** _____

**City, State and Zip:** _____

**Phone:** _____

**Fax:** _____

**E-mail:** _____

**Business SIC or Description:** _____

**Are you a member of a Chamber of Commerce?** ☐ Yes ☐ No

**If so, which one:** _____

**Current Health Insurance Carrier:** _____

**Current Plan Type:** _____

**Current Broker/ Consultant:** _____

**SUBMIT THIS FORM TO:**

**Fax to:** 740-928-0300

**Mail to:**

**Great News!**

Anthem Blue Cross and Blue Shield has reduced participation requirements for small group business.

| Employee age | Sex | Check those to be covered | | | | |
|---|---|---|---|---|---|---|
| | | Employee | Spouse | Spouse's age | Child | No. of children |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| | ☐ M ☐ F | ☐ | ☐ | | ☐ | |
| **NO. OF EMPLOYEES** | | | | | | |

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Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
An ndependent licensee of the Blue Cross and Blue Shield Association.
®Registered marks Blue Cross and Blue Shield Association.