

Please Fax to: _____ Fax: _____

Yes! I am interested in a health plan quote for my business.

Name _____
 Address _____
 City, State, ZIP Code _____
 Telephone _____ Fax _____
 Current Health Plan _____
 Renewal Month _____

I have some questions, please call me.

Please mark the box at the left if you would like to speak with a sales consultant.

Employee Information

Please send us the following information for employees in your firm. Include everyone who will be enrolled in the Blue Cross and Blue Shield of Kansas City plan. We will send you a proposal and a rate quote based upon this information. Use the following codes to indicate current enrollment:

A = Single B = Self and Spouse C = Self and Children D = Family E = None

			Enrollment				Enrollment
1				26			
2				27			
3				28			
4				29			
5				30			
6				31			
7				32			
8				33			
9				34			
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23				48			
24				49			
25				50			

If you need additional space, please photocopy this form and continue on the second page. Thank you.