Insurance Quote Request Form

1-888-254-8188 (Phone)/503-922-4130 (Fax)
1215 Main Street, Suite 104*PO Box 1162
Philomath, OR 97370

Employer Name: _____

Physical Address: _____Zip:_____

Contact: _____

Send Quotes To: _____

Date: _____

We will provide quotes from "All" the carriers below:

BlueCross
HealthNet
LifeWise
Providence
ODS
Kaiser
Aoi HealthChoice

Employee Name (or Initial)	Gender	Date of Birth	Medical Enrollment self,self+spouse, self+child/ren self+family	Dental Enrollment self,self+spouse self+child/ren self+family	Life & Disability (Salary & Occupation)	Current Coverage Yes/No? Who? Cost?

Renee Stark, Agent
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Email: rstark@rjsandassociatesllc.com

Specializing in Health, Dental, Life & Disability Benefits