



New Hire Enrollment Quote Request

FAX completed form to: (714) 953-4097

A Employer Information

DATE	NAME OF REQUESTOR	TELEPHONE NUMBER (INCLUDING AREA CODE)
EMPLOYER NAME	CALIFORNIA CHOICE® GROUP NUMBER	GROUP EFFECTIVE DATE

B Employee Information **NOTE: MUST have birth date, zip code and date of hire to process this quote.**

If this request is to add dependents only, please refer to your rate guide. If you do not have a rate guide, one can be ordered by calling (800) 558-8003.

1. Employee Last Name _____ Birth Date (mm/dd/yyyy) _____

Employee First Name _____ M.I. _____ Hire Date (mm/dd/yyyy) _____

Residence Zip Code _____ Residence City _____ County _____

Gender: Male Female Show Rates: Before Employer Contribution After Employer Contribution

SPOUSE Birth Date (mm/dd/yyyy) _____ Disabled? Yes No

Number of Children Aged 0-18 _____ CHILD #1 Birth Date (mm/dd/yyyy) _____ Disabled? Yes No

CHILD #2 Birth Date (mm/dd/yyyy) _____ Disabled? Yes No

CHILD #3 Birth Date (mm/dd/yyyy) _____ Disabled? Yes No

Please complete this section for any children aged 19-25:

2. Employee Last Name _____ Birth Date (mm/dd/yyyy) _____

Employee First Name _____ M.I. _____ Hire Date (mm/dd/yyyy) _____

Residence Zip Code _____ Residence City _____ County _____

Gender: Male Female Show Rates: Before Employer Contribution After Employer Contribution

SPOUSE Birth Date (mm/dd/yyyy) _____ Disabled? Yes No

Number of Children Aged 0-18 _____ CHILD #1 Birth Date (mm/dd/yyyy) _____ Disabled? Yes No

CHILD #2 Birth Date (mm/dd/yyyy) _____ Disabled? Yes No

CHILD #3 Birth Date (mm/dd/yyyy) _____ Disabled? Yes No

Please complete this section for any children aged 19-25:

C Delivery Instructions

Mail To:

Employer (Group contact at billing address)

Broker

Other → (Please complete mailing label on right)

Materials will be sent within 48 hours upon receipt of your request

Name _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Telephone (including Area Code) _____