CPS GROUP BENEFITS
INSURANCE SERVICES, INC.

Telephone: (800) 326-5433 x160
Fax: (949) 225-7160
http://www.CPSGroupBenefits.com

Quote Request

Broker/Agency Information:

Broker Name _____ Agency Name _____

Broker Address _____ City/State/Zip _____

Broker Phone _____ Broker Fax _____ Broker Lic. # _____

Broker Email: _____

Group Information:

Group Name _____ Requested Effective Date _____

Zip _____ Nature of Business _____ SIC Code _____

Current Carrier _____

Quote Specifications (check all that apply) :

Bind Quote: ❑ Yes ❑ No Due Date: _____ Send Via: ❑Fax ❑Mail ❑Overnight ❑Hold for Pickup ❑Email

Type of Carveout: _____ RAF: ❑Lowest ❑Standard ❑Highest

Please circle each product to be included in your quote. ❑ Check here for all carriers, all products.

Carrier	Medical	Dental	Ancillary Products
Aetna	PPO/ HMO	PPO/HMO/Choice	Life / AD & D / LTD
Blue Cross	PPO/ HMO	FFS / PPO / Prepaid	Life / Vision
CaliforniaChoice	PPO / HMO	PPO / EPO / HMO	Life / Vision / Chiro
Delta Dental	—	FFS / PPO / HMO	Vision
Golden West	—	PPO / Prepaid	—
Health Net	POS / PPO / HMO	PPO / HMO	Vision
Kaiser Permanente	HMO / POS	FFS / PPO	Chiro
KP Choice Solution	POS / PPO / HMO	FFS / PPO	—
PacifiCare	POS / PPO / HMO	—	—
Principal	—	Indem. / PPO / EPO	Life / LTD / STD
Safeguard	—	PPO / HMO	Vision
Sharp Health Plan	HMO	—	—
Vision Service Plan	—	—	Vision

Census Information: Deps: EE=Employee only ES=Employee + Spouse #C= # of Children FA=Family

Name	Age/DOB	Gender	Deps.	Home Zip	COBRA (Y/N)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

For additional employees, use the grid on the next page.

Census Information: Deps: EE=Employee only ES=Employee + Spouse #C= # of Children FA=Family

Name	Age/DOB	Gender	Deps.	Home Zip	COBRA (Y/N)
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
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40					

Make sure to include the first page of this census form when faxing to CPS Group Benefits.