Fax Number: 502-813-4185

Toll Free Phone Number: 800-960-1371

Email Address for group quote requests:
Beth@med-link.net

_____
Date

_____
Requested Effective Date

_____
Company/Client Name

_____
Current Carrier

_____ _____ _____
City County Zip

_____
SIC Code or Nature of Business

***Type of Coverage - S=Single, EC=Emp/Child, EN=Employee+2 or more kids, ES=Emp/Spouse, F=Family with 1 child, FN=Family with 2 or more children**

Age	Sex	Type*	Spouses Age	# of Children	Health Conditions

_____ _____ _____
Broker Name Fax Number Phone Number

COMMENTS: EMAIL: _____

Carriers to be quoted:

- ☐ Anthem
- ☐ Humana
- ☐ UHC
- ☐ Guardian
- ☐ Delta Dental (KY)
- ☐ Principal