Flexible Benefit Service Corporation- Quoting Department

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## X FLEX Date: **Individual Quote Request** Flex Rep: Section 1: Broker Information (Please complete in full.) Broker Name: Company Name: Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_ City: \_\_\_\_\_ Fax: \_\_\_\_\_ \_\_\_\_\_ Email Address: \_\_\_ Telephone: Section 2: Applicant Information (Please complete in full.) Name: Mailing Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_ Section 3: Quote Information (Please complete in full.) *Applicant:* Gender: M □ / F □ Date of Birth: \_\_\_\_\_ Smoker: Y □ / N □ Requested Effective Date: Date of Birth: \_\_\_\_\_ Smoker: Y 📋 / N 📋 Gender: M 🗆 / F 🗆 Spouse: Children: 1. Name: \_\_\_\_\_ Gender: M 🖸 / F 🔲 Date of Birth: \_\_\_\_\_ 2. Name: \_\_\_\_\_ Gender: M 🗌 / F 🔲 Date of Birth: \_\_\_\_\_ 3. Name: \_\_\_\_\_\_ Gender: M 🖂 / F 🔄 Date of Birth: \_\_\_\_\_\_ 4. Name: \_\_\_\_\_ Gender: M 🖸 / F 🔲 Date of Birth: \_\_\_\_\_

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