



COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # 0D80851

PO BOX 4185 THOUSAND OAKS CA 91359-1185
PHONE: 888-501-2747 (CSIS) FAX: 888-502-2747 (CSIS)
WWW.CSISONLINE.COM

Health Insurance Information

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

NO COVERAGE IS IN FORCE UNTIL CONFIRMATION HAS BEEN RECEIVED IN WRITING

Census Information: Deps; EE = Employee Only ES = Employee + Spouse #C = # of children FA = Family

NAME	DATE OF BIRTH	GENDER	DEPS.	HOME ZIP CODE	COBRA (YES/NO)
1.					
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For additional employees, please attach another page.

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