

H Group Benefits, Inc.

899 Skokie Blvd., Ste. 240 • Northbrook, IL 60062 • 847.564.1640 phone • 847.564.1648 fax

Individual Quote Request

Name: _____
Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Requested Effective Date: _____ Referred by: _____

Please select one of the following:

- Recent college graduate
- Waiting for group coverage
- None of the above

Does anyone applying currently have coverage? _____ If so, please list the Carrier and the Effective date.

Primary Insured

Name: _____
Date of Birth: _____
Gender: Male Female
Smoker: Yes No

Spouse

Name: _____
Date of Birth: _____
Gender: Male Female
Smoker: Yes No

Dependents

Name: _____
Date of Birth: _____
Gender: Male Female

Name: _____
Date of Birth: _____
Gender: Male Female

Name: _____
Date of Birth: _____
Gender: Male Female

Name: _____
Date of Birth: _____
Gender: Male Female

**Please do not hesitate to contact our office with any questions.
There is no cost or obligation associated with this quote request.**