

Cenco Insurance Marketing Corporation
1501 El Camino Avenue • Suite 1 • Sacramento • CA • 95815
(916) 920-5251 • (800) 452-3626 • FAX (916) 920-8734

Completed By: _____

BLUE CROSS INDIVIDUAL HEALTH PROPOSAL REQUEST

| | | |
|-------------|------|--------|
| Agent Name: | | Date: |
| Company: | | Email: |
| Address: | | Phone: |
| City/State: | Zip: | Fax: |

INSURED INFORMATION

| | | |
|--|-----------|----------------------|
| Name: _____ | A*/ M / F | Date of Birth: _____ |
| Name: _____ | S*/ M / F | Date of Birth: _____ |
| Name: _____ | C*/ M / F | Date of Birth: _____ |
| Name: _____ | C*/ M / F | Date of Birth: _____ |
| Zip Code: _____ | | |
| * A – Applicant, S – Spouse, C - Child | | |

PLAN OPTIONS

| | | | |
|-----------|-----------|-----------|-----------------|
| PPO _____ | HMO _____ | HSA _____ | All Plans _____ |
|-----------|-----------|-----------|-----------------|

PLAN PARAMETERS

| |
|---|
| Annual Deductible: High _____ Low _____ |
| Coinsurance: 0% _____ 20% _____ 30% _____ 40% _____ |
| Drug Coverage: Not Covered _____ Brand & Generic _____ Generic Only _____ |
| Maternity: Yes _____ No _____ |