

# Free Quote Form

For Anthem Group Health Insurance



**Get a FREE, No Obligation Quote and see the value-added benefit Anthem Blue Cross and Blue Shield can bring to your company!**

*Just complete the following information and we will provide you with a free quote:*

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business SIC or Description: \_\_\_\_\_

Are you a member of a Chamber?  Yes  No

If so, which one? \_\_\_\_\_

Current Health Insurance Carrier: \_\_\_\_\_

Current Plan Type: \_\_\_\_\_

Current Broker/ Consultant: \_\_\_\_\_

## Great News!

**As a Chamber Member, you may be eligible for additional premium savings!**

CHECK THOSE TO BE COVERED

Employee DOB	Sex	Employee	Spouse	Spouse's DOB	Child	No. of Children
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

NO. OF EMPLOYEES

**SUBMIT THIS FORM TO:**

Fax to: (216) 447-9861

Email to: [director@noacc.org](mailto:director@noacc.org)

Mail to: **NOACC**  
4200 Rockside Road, Suite 210  
Independence, OH 44131

**For more information about offering health benefits, call Anthem at (877) 452-8806  
Or call NOACC (Northern Ohio Chambers of Commerce) at (866) 466-6222.**