

**Important: Download this form to your computer before you start typing. If you don't, what you've typed will be lost when you try to save or print.**

Use this form to request a quote for Ultimate Health Indemnity, Plena Health Indemnity and/or BeneBoost.  
See underwriting guidelines [here](#).

<b>COMPANY INFORMATION</b>	<input type="text"/>	
	COMPANY NAME	
	<input type="text"/>	
	COMPLETE COMPANY ADDRESS	
	<input type="text"/>	
	COMPANY WEBSITE ADDRESS	
	<input type="text"/>	<input type="text"/>
INDUSTRY	NO. OF COMPANY FULL-TIME EMPLOYEES	
<input type="text"/>		
PRIMARY MEDICAL PLAN RENEWAL		
<input type="text"/>		
EFFECTIVE COVERAGE DATE FOR ARMADACARE'S PLAN(S) (1ST OF THE MONTH ONLY)		

<b>BROKER INFORMATION</b>	<input type="text"/>	
	BROKER NAME	
	<input type="text"/>	
	AGENCY	
	<input type="text"/>	<input type="text"/>
	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	
CITY	STATE	

### Employees to Quote

Provide the following for each participant to be included in this quote. Use [this Excel document](#) or your own with the following:

- » Name (First and Last)
- » Title
- » Date of Hire (optional)
- » Salary and/or Pay Grade (optional)
- » Number of Dependent Children (if applicable)
- » Birth Date
- » Gender (M/F)

### Secure submission required!

For your client's protection, please submit this form and attachments securely at <https://securemail.armadacorp.net/messaging> (address the email to solutions@armadacare.com).

**Questions? Call 1-800-481-3380.**