Healthy Florida

www.HealthyFlorida.com

Home Office:537 US Hwy 1, Suite #4 North Palm Beach, Florida, 33408 **(561) 214–4600**

Date:	Fax to: (561) 658-8480
Consultants: Cameron –or- Bill Colpitts	E-Mail to: bill@healthyflorida.com
Business Name:	Contact Person:
Type of Business:	Email:
Business Phone:	FAX:

Address: City: State: Zip:

Current Health Insurance: Yes / No / If yes who? *__Renewal date__: / 01 / 20

Current Rates: Employee: E/Spouse: E/Children: Family:

Aetna | Humana | United Healthcare | Cigna
Seniors (65+) AARP | Mutual of Omaha | Gerber | United American

Note: *4 Full Time(30+Hrs/Weekly) Employee Minimum* for "Group" quote –Florida qualified groups are guarantee issue !

	Employee Name	**M/ F**	**Current Coverage Y/N**	**Date of Birth (Not Age)**	**Coverage** (See notes below)	**Zip Code Home**	**HMO/PPO/HSA /POS**
	Example: Jane Doe	*F*	*Y*	*11/05/67*	*E/C*	*33410*	Show all
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

***Coverage Notes*:** E= Employee **E/S** =Employee & Spouse **E/C**= Employee & Children **F**=Family
Waivers= Employees covered by spouses , Major Medical Group Insurance, VA or Medicare

Copy page for more employees