



Richey Health Benefits

A division of



Health Quote Request

Phone (316)712-5093

Fax(316)440-4046

Email info@richeyhealthbenefits.com

Agent / Broker: _____

Phone # _____

Email: _____

Company _____

Phone _____

Address _____

Fax _____

City, State, Zip _____

Company Contact _____

Type of Business _____

Email _____

Number of eligible employees _____ Requested Effective Date _____

Number of enrolled employees _____ Please attach census (template on back)

Current Health Carrier

Aetna Blue Cross United Healthcare Other _____ Renewal Date _____

None

Current Dental Carrier _____ None Renewal Date _____

Current Vision Carrier _____ None Renewal Date _____

Voluntary Benefits Carrier

Aflac Allstate Colonial Other _____ None Renewal Date _____

Basic Life & AD&D Carrier _____ None Renewal Date _____

Short-term Disability / Long-term Disability Carrier

_____ None Renewal Date _____

Section 125 Plan Administrator _____ None Renewal Date _____

POP FSA DSA

