



Redwood Health Services

Quote Request Form

Questions? 800-548-7677, Ext. 121

Fax to 707-525-4270

Or mail to: RHS Sales
3033 Cleveland Ave. #104
Santa Rosa, CA 95403

COMPANY INFORMATION	
Company name	
Type of business	
Street address and suite	
City, state, zip	
Contact name	
Contact phone	
Contact e-mail	
Requested coverage	<input type="checkbox"/> Health FSA <input type="checkbox"/> HRA <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> POP <input type="checkbox"/> Dependent FSA
Requested effective date	
Number of employees	
Number enrolling in plan	
Group coverage in past 180 days	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current carrier	
Current monthly premium	
Employer contribution	% Employee: % Dependent:

EMPLOYEE CENSUS [List the number of employees (EE) in each category.]				
Age	EE only	EE/spouse	EE/children	EE/family
0-29				
30-39				
40-49				
50-54				
55-59				
60-64				
65+				

Fax to 707-525-4270