REQUEST FOR MARKET SEARCH
Individual Quote Request for Multiple Carriers

Contact Name:____________________-E-Mail Address:________________________

Date Submitted:___________________-Requested Effective Date:________________

Please indicate type of market search you are requesting:	
☐ Individual Health	☐ Long Term Disability
☐ Office Overhead – thru Prudential only	☐ Term Life
☐ Dental	☐ Long Term Care

Currently insured on SBOTIT Individual Aetna Plan?	_________Yes _________No			
What type of coverage do you currently have?	Individual ______ Group ________	Rate: $_________	Carrier:	
What type of PPO plan are you looking for?	With office co-pays?	Deductible Amount	H S A Compatible Plan	
Effective Date_________	Yes: _____ No: ______	Between: $_________ and $_________	Yes _____ Deductible: $________ No ______	

Please check one:	______Employee _____Attorney _________Other
Applicant's Name:	
Spouse/Domestic Partner Name:	
Address City, state, Zip	
Phone:	Fax:

Applicant DOB	Height	Weight	M	F
Spouse/DP* DOB	Height	Weight	M	F

Child(ren) DOB	Height	Weight	M	F
1-				
2-				
3-				
4-				

List current Medical Conditions:	
	Applicant:
	Spouse/Domestic Partner:
	Child(ren):

Tobacco Use? If yes, what type?				
	Applicant		Yes	No
	Spouse/DP*		Yes	No
Maternity Coverage Needed	Yes ________	No ________		
Anyone Currently Pregnant?	Yes __________________	No ______________		

How did you hear about us? ___Direct Mail___ Seminars___ Web links___ Our Website___ Trust Staff
___Word of Mouth___ Austin Bar Journal___ Dallas Bar Headnotes___ Houston Lawyer
___ Texas Bar Journal___ Texas Lawyer___ Texas Paralegal Journal

* Domestic Partner

You may fax this completed form to the SBIT Insurance Agency at 512-479-4109 in order to expedite your quote request.

RED = REQUIRED WHEN APPLICABLE