



Request for assistance

Individual Health Insurance

I will not or may not be eligible to participate in the self-insured MDA Health Plan and would like assistance obtaining health insurance. Please prepare an individual Blue Cross Blue Shield of Michigan quote for me, using the information below.

My information			
First name		Last name	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Phone	Email
My qualifying event is <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Loss of job <input type="checkbox"/> Have a new baby		Effective date of qualifying event ____ / ____ / ____	
Tobacco use <input type="checkbox"/> None <input type="checkbox"/> Smoker <input type="checkbox"/> Other tobacco products			
Home address (please include city, state and ZIP)			
Please contact me via: <input type="checkbox"/> Phone _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> FAX: _____			
Spouse information			
First name		Last name	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent 1 information			
First name		Last name	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent 2 information			
First name		Last name	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent 3 information			
First name		Last name	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No	