

# Individual Medical Plan Data Collection Form

(Non-subsidy eligible/Private market quote request)

If you would like for us to quote you and your family for an individual medical or dental plan, please complete this form and scan/email it to Sierra Benefit Solutions at [team@sierrabenefit.com](mailto:team@sierrabenefit.com) or fax it to (530) 823-3140.

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Individual Information Needed

Only enter members of your household who would enroll in a plan.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_

Once we receive this, we will run a quote for you with all available carriers and plans in the private market. Once we have that information back, we will be in touch with you to review the various options available that work best for you and your family.

**Should you have any questions, please feel free to contact our office at (866) 618-9977.**