

# Product Quote Request Form

48710807 (12/18)



**PLEASE PRINT CLEARLY**

**\* This information is mandatory.** Enrollment may be delayed if fields with an asterisk are not filled out.

To request a quote, please fill in the form below. You may select multiple BenefitHelp Solutions products to learn information about.

## Section 1 Product/s

<input type="checkbox"/> COBRA <input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> Retiree/Premium Administration
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## Section 2 Personal Information

* First name	M.I.	* Last name	* Agency
* Phone number	* Email		
* Name of Group	* Group Size	* Effective Date	
* Comments			

**Return the completed form to BenefitHelp Solutions**

**Mail:** BenefitHelp Solutions, P.O. Box 67230, Portland, OR 97268 **Fax:** 503-243-3949 **Email:** BHS-S&Steam@benefithelpsolutions.com

**Questions?** Contact BenefitHelp Solutions at 888-387-5440, Monday - Friday 7:30 a.m. to 5:30 p.m. PST.