

Fill out the form below to receive a free quote for your company.

Scan and email completed form to info@chamberhealthchoices.com or fax to 614.889.6129

Contact Information

First Name Last Name

Company Name Job Title

Street Address City State Zip Code

Day Phone Email Address

Are you a Chamber member? _____
Your Chamber's Name/Area

Yes No

Business SIC or Description

Insurance Information

Current Health Insurance Carrier: _____
How many employees do you have covered?

Anthem

How many total employees do you have?

United Health Care

Do you work with an insurance broker?

Humana

Yes No

MMO

Aetna

If so, which one?

Cigna

Current Monthly Premium

Where did you hear about this offer?

Are you interested in consumer directed health care programs?

Print Ad Web banner Ad

Yes No

Radio Ad Email

Mail Other:

Word of Mouth