

# May Insurance *MIS* Services, Inc.

"A BrokerNet, Inc Affiliate"

**PPACA Individual Quote Request**  
 Send to: [indquote@mayinsurance.com](mailto:indquote@mayinsurance.com)

|                                      |             |
|--------------------------------------|-------------|
| <b>Type of Coverage:</b>             | Rev 11/5/13 |
| Medical ___ Dental ___ Life ___      |             |
| <b>Benefits / Carrier requested:</b> |             |

|                    |  |
|--------------------|--|
| <b>Agent Name:</b> | <b>Today's Date:</b>   |
| Email:             | <b>Please allow 24-48 hours to receive quote(s). If needed sooner, please contact office directly.</b> |
| Fax:               |  |
| Phone:             | <b>Needed by:</b>  |

|                                  |                   |          |                 |                   |   |
|----------------------------------|-------------------|----------|-----------------|-------------------|---|
| <b>Requested Effective Date:</b> |                   | County:  |                 | Zip:              |   |
| Client Name:                     |                   |          | Spouse Name:    |                   |   |
| M___ F___                        | Smoker: Y___ N___ |          | M___ F___       | Smoker: Y___ N___ |   |
| Age/ DOB:                        |                   |          | Age/ DOB:       |                   |   |
|                                  |                   |          |                 |                   |   |
| <b>Family Income</b>             |                   |          |                 |                   |   |
|                                  |                   |          |                 |                   |   |
| <b>Child #1</b>                  | M                 | F        | <b>Child #2</b> | M                 | F |
| DOB/Age:                         |                   | DOB/Age: |                 | DOB/Age:          |   |
|                                  |                   |          |                 |                   |   |