

Humana® Small Group Quote Coversheet

Please send new business quote requests to:

- Inside Sales Executive, **Tyson Brown** - tbrown53@humana.com; 855-330-8129
- Agency Relationship Manager, **Leslie Isler** - lisler@humana.com; 513-376-2111

Required Group Information

Effective date	
Agency Name	
Writing Agent Name	
Humana Agent Number / SAN	
Legal Group Name	
Legal Group Address (with city/state/zip)	
County	
SIC code	
Payroll Employee Count	
Eligible Employee Count	
Enrolled Employee Count	
Single Site or Multi-Site?	
If Multi-Site, include complete work addresses (including zip code) on census (Considered Multi-Site if ANY employee works outside of the main locations, including work from home employees)	
Additional Information	

Required Attachments

Most Recent Renewal Letter / SBC's (showing rates and plan designs)

Member/Dependent Level Census

Including: first/last name, date of birth, gender, coverage type, home zip code, and work zip code

Employee Applications (**ONLY if the group is 5-9 enrolled**):

Use **LFP Applications** for groups 5-50 on payroll

Use **51+ Applications** for groups 51+ on payroll

Risk Assessment Form (RAF) - **KY Groups only**, 51+ on payroll