



Individual Under 65 - Request for Proposal

Email or fax this form to quotes@gmsil.com or (309) 664-7787.

Agent Information : Name _____
Phone Number _____ Email _____

Primary Applicant

First and Last Name _____ Requested Effective Date _____
Address _____ City, State, Zip _____
Gender _____ Date of Birth _____ Tobacco User : Yes No
*Height _____ *Weight _____

Dependent(s)

Spouse

Gender _____ Date of Birth _____ Tobacco User : Yes No
*Height _____ *Weight _____

Child(ren)

Gender _____ Date of Birth _____ Tobacco User : Yes No
Gender _____ Date of Birth _____ Tobacco User : Yes No
Gender _____ Date of Birth _____ Tobacco User : Yes No

*Height and weight are not required but will enable us to provide a more accurate quote.

Optional Coverage: Dental : Yes No Maternity : Yes No

Need Supplies?

Producers can find supplies on the Hallmark Service Corporation website at www.hscil.com. For a complete list of product information login to Blue Access for Producers at www.bcbsil.com/producer

Questions?

**Call 800-766-6387
866-531-7800**

www.gmsil.com

Group Marketing Services, Inc.
304 S Eldorado Rd, Ste 1
Bloomington, IL 61704

How to submit the application:

Mail the completed application with a check or Section D of the Plan Selection Form (*if electing monthly bank draft*) to **Group Marketing Services, Inc.**, 304 S Eldorado Rd, Suite 1 Bloomington, IL 61704

