

Request a free, no-obligation quote now on Anthem Group Health Insurance.



Get a FREE, no-obligation quote and see the value-added benefit Anthem Blue Cross and Blue Shield can bring to your company!

Please complete the following information and we will provide you with a free quote.

Company name _____

Contact name _____

Address _____

City, State and ZIP code _____

Email address _____

Phone no. _____

Business SIC or description _____

Fax no. _____

Are you a member of a Chamber? Yes No

If so, which one? _____

Current health insurance carrier _____

Current plan type _____

Current Broker/Consultant _____

Great News!

Submit this form:

Fax to: 216-447-9861

Email to: director@noacc.org

Mail to: NOACC
4200 Rockside Road
Suite 210
Independence, OH 44131

| | Employee | Employee date of birth | Gender | Spouse | Spouse date of birth | Child(ren) | No. of children |
|----|--------------------------|--|---|--------------------------|----------------------|--------------------------|-----------------|
| 1 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 2 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 4 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 5 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 6 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 7 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 8 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 9 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 10 | <input type="checkbox"/> | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | | <input style="width: 50px; height: 15px;" type="text"/> TOTAL NO. OF EMPLOYEES | | | | | |

For more information, call NOACC (Northern Ohio Area Chambers of Commerce) at 866-466-6222 or Anthem at 800-551-3119.