



# Medical Quote Request Form Individual Coverage

Please return completed form to Cattle Raisers Insurance, fax to 817-977-6775 or email [sjenkins@tsra.org](mailto:sjenkins@tsra.org).

<b>Contact Name:</b>			
<b>Address:</b>			
<b>City, State and Zip</b>			
<b>Email Address:</b>		<b>County:</b>	
<b>Phone Number:</b>		<b>Requested Effective Date:</b>	
<b>How did you hear about Cattle Raisers Insurance?</b>			

## Individuals to be Covered:

Please list all individuals that will be covered under this plan, dependent children can be covered until they turn 26

Name	Date of Birth	Gender	Tobacco User

Note: Applications for coverage can only be submitted during open enrollment, or within 30 days of a qualifying event. For a list of qualifying events, please contact Cattle Raisers Insurance.

Internal Purposes Only	
<b>Quote Sent:</b> _____	<b>App Received:</b> _____
<b>App Submitted:</b> _____	<b>App Approved:</b> _____