



Individual Quote Request

Agents must be contracted with the carrier prior to requesting a quote

Applicant Full Name:				
DOB:	Height:	Weight:	Gender: F / M	Tobacco: Y / N
Spouse Full Name:				
DOB:	Height:	Weight:	Gender: F / M	Tobacco: Y / N
Children: DOB & Gender				
City:	County:	State:	Zip Code:	
Individual Under 65 Health Carriers				
IA Carriers:		IL Carriers:		SD Carriers:
Coventry		BlueCross BlueShield		Avera
UnitedHealthOne		UnitedHealthOne		Wellmark
Wellmark				
Individual Stand Alone Products				
IA Carriers:		IL Carriers:		SD Carriers:
Delta Dental		IMG - Travel		Delta Dental
IMG - Travel		PrimeStar Dental		IMG - Travel
Prime Star Dental		UnitedHealthOne Dental		PrimeStar Dental
UnitedHealthOne Dental				
Product Information Request				
Carrier Application		Carrier Product/Benefit Summary		
Agent Name:				
Agent Email Address:				
Phone Number:			Fax Number:	

website: www.mutualmed.com

Email: Individual@mutualmed.com

Mutual Med

Phone: 800.747.4126

Fax quotes to: 563-359-2874

4321 E. 60th St, Davenport, IA 52807

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