



Please send all requests to  
[SBSCQuotes@bcbstx.com](mailto:SBSCQuotes@bcbstx.com)  
 or fax to 866-802-7498

## 2 - 50 REQUEST FOR QUOTE PROPOSAL/CENSUS

Agent/Agency:	
Company Name:	Requested Effective Date:
SIC code:	
County/Zip Code(s):	Nature of Business:

CENSUS							
LAST NAME (All CAPS)	FIRST NAME (All CAPS)	RELATIONSHIP (Employee, Spouse, Dependent)	Gender (M or F)	DOB (mm-dd-yyyy)	Coverage Type (EO = Emp, ES = Emp+SP, EC = Emp+CH, EF = Emp+FAM)	STATE (2-letter CODE)	Employment Status (FT, PT, Seasonal, Temp, COBRA)