



CHURCH OF THE BRETHREN INSURANCE SERVICES

a ministry of Church of the Brethren Benefit Trust, Inc.
1505 Dundee Avenue, Elgin, IL 60120-1619
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www.brethrenbenefittrust.org

Date: _____

Medicare Supplement Plan Request for Quote

To receive a Medicare Supplement Plan rate quote for eligible employees or retirees, please complete this form and return it to the address listed above.

Employer Name _____

Employee/Retiree Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Daytime Telephone Number _____

E-mail (for contacting purposes only) _____

Please complete the following for you and/or your eligible spouse for which you wish to elect Medicare Supplement Plan coverage.

Employee/Retiree Name	Gender	Birth Date	Spouse's Name	Birth Date

What is the effective date you would like this coverage to begin? ____ / ____ / ____