



THE INSURANCE EXCHANGE

"Giving Today's Agents More Time to Sell!"

Request for Fast Track Underwriting Review

To ensure underwriting has all information required to provide a firm rate, the following information is needed:

AGENT INFORMATION

Agent Name: _____

Phone #: _____

Current AOR? Y or N

GROUP INFORMATION

Group Name: _____

Group Contact: _____

Phone #: _____

Address: _____

TAX ID: _____

Industry: _____

SIC Code: _____

Total # full-time EEs: _____

Enrolling: _____

Requested Effective Date: _____

Current Carrier: _____

Current Plan: _____

Current Benefits: _____

Renewal Date: _____

Renewal Rates: _____

**PROVIDE COMPLETED UHC OR AETNA ENROLLMENT
FORMS OR APPROVED MEDICAL QUESTIONNAIRE**

Disclaimer: Proposals are based on information provided to the underwriting carrier. Any change in material information may result in a change in rates or underwriting decision.