



BlueCross BlueShield
of Oklahoma

Please send all requests to
BlueQuote@bcbsok.com
or fax to 918-549-3095

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)