



Carney·Cargill, Inc.

375 Ericksen Avenue, Suite 213, Bainbridge Island, WA 98110

FAX: (206) 842-1927 e-mail: carneycargill@carneycargill.com

Individual Rate Request Form

Health Insurance

Life Insurance

Disability Insurance

Long-term Care Insurance

Personal Information:

What is your name? _____
Last First Middle

What is your address? _____
Street City State Zip

What are your phone numbers? _____
Home Phone Work Phone

What is your e-mail address? _____

When is the best time to call? _____

Applicant/Family Members to be enrolled:

Applicant Gender: M F Height: _____ (example 5' 8") Weight: _____ lbs. DOB: _____ (mm/dd/yyyy) Smoker

Spouse Gender: M F Height: _____ (example 5' 8") Weight: _____ lbs. DOB: _____ (mm/dd/yyyy) Smoker

Child 1 Gender: M F Height: _____ (example 5' 8") Weight: _____ lbs. DOB: _____ (mm/dd/yyyy)

Child 2 Gender: M F Height: _____ (example 5' 8") Weight: _____ lbs. DOB: _____ (mm/dd/yyyy)

Child 3 Gender: M F Height: _____ (example 5' 8") Weight: _____ lbs. DOB: _____ (mm/dd/yyyy)

Child 4 Gender: M F Height: _____ (example 5' 8") Weight: _____ lbs. DOB: _____ (mm/dd/yyyy)

Child 5 Gender: M F Height: _____ (example 5' 8") Weight: _____ lbs. DOB: _____ (mm/dd/yyyy)

Please complete the form above and save for your records. For help, please see our online help page for assistance or contact us at (206) 842-8987 during normal business hours. To submit this form to Carney Cargill, Inc. for a rate request, e-mail carneycargill@carneycargill.com and attach the saved form to your message. You may also print the completed form and either send via mail to Carney Cargill, Inc., 375 Ericksen Ave., Suite 213, Bainbridge Island, WA 98110 or by fax to (206) 842-1927. One of our representatives will contact you once we've processed your request.