

Broker online quoting



More service. More convenience. More you.

We know how hard you work to find the best health plans for your clients. At FCHP, we'll give you the tools you need to make your job easier.

Online quoting with Quick Quote

Get your quotes quickly and easily. By using our online Quick Quote tool, you can create custom proposals for your new business prospects, manage group census data and more!

To register for Quick Quote, please fill in your broker information below.

Broker name/agency: _____ Broker license number: _____

Contact name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Additional users:

Send this completed form to:

New Business Sales & Broker Relations
Attn: Broker Relations
Fallon Community Health Plan
10 Chestnut St., Worcester, MA 01608
1-888-746-4823 • Fax: 1-508-368-9565
E-mail: Brokers@fchp.org

Please include a copy of your Errors & Omissions coverage if you have not previously sent one.

To use the FCHP online quoting tool, you must be a broker in good standing with FCHP. You must be in compliance with all terms and conditions of your brokerage agreement with FCHP/FHLAC, including, but not limited to, having a Broker of Record letter for each employer group health plan for which you will be using the online quoting tool.

Applications will be reviewed by an FCHP representative. Once your application is approved, you will receive your login name and password.

If you have any questions, please contact Broker Relations at 1-888-746-4823.

I acknowledge that FCHP's online quoting tool and the information it generates constitutes FCHP confidential and proprietary information, and I agree that the online quoting tool remains FCHP's exclusive property, that I will use the online quoting tool only as intended under my brokerage agreement with FCHP, and that I will not disclose the online quoting tool to any third party, other than to the employer group health plans on whose behalf I am using the online quoting tool. I also agree to truthfully and accurately represent FCHP products, and conditions thereto, to employer group health plans.

Signature: _____ Date: _____

More benefits. More services. More you.

fchp.org ■ 1-888-746-4823

