

Broker small group online quoting application

Online small group quoting with QuoteNow

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

To register for QuoteNow, please fill out the broker information below.

Broker name/agency		Broker/agency license #		
Contact name				
Address		City	ST	ZIP
Phone		Fax		
E-mail				
Additional QuoteNow users		Broker Admin Access* (Y or N)	Broker/agency license number	Contact information
Broker name			Broker license #	E-mail
				Cell phone #
Broker name			Broker license #	E-mail
				Cell phone #
Broker name			Broker license #	E-mail
				Cell phone #

Send this completed form to:

New Business Sales & Broker Relations | **Attn: Broker Relations**
Fallon Health | 10 Chestnut St., Worcester, MA 01608
1-888-746-4823 | Fax: 1-508-368-9565 | E-mail: Broker@fallonhealth.org

To conduct business with Fallon Health and to use the online quoting tool, you must be a licensed contracted broker in good standing with Fallon Health and the Commonwealth of Massachusetts Division of Insurance. If a registered QuoteNow user leaves your organization, you are responsible for notifying Fallon Health of this change.

Applications will be reviewed by a Fallon Health representative. Once your application is approved, you will receive your login name and password via e-mail. If you have any questions, please contact Broker Relations at 1-888-746-4823.

The tools you need at your fingertips

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

***Allows broker access to all quotes from their agency.**

Final rates will be subject to underwriting analysis and actual enrollment as of the plan effective date. This applies to small group only. I acknowledge that Fallon Health's online quoting tool and the information it generates constitute confidential and proprietary Fallon Health information, and I agree that the online quoting tool remains Fallon Health's exclusive property, that I will use the online quoting tool only as intended under my brokerage agreement with Fallon Health, 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 Fallon Health products, and conditions thereto, to employer group health plans.

Signature: _____ Date: _____

