



95 N. Research Dr.  
Suite 100  
Edwardsville, IL  
62025  
Tel: 800.556.2663  
Fax: 618.692.9865

2236 Mason Ln  
Ballwin, Mo  
63021  
Tel: 888.868.6560  
Fax: 314.821.5779

## REQUEST FOR AN INDIVIDUAL HEALTH INSURANCE QUOTATION

**TODAY'S DATE:** \_\_\_\_\_

In order for us to provide you with Individual Health Insurance quotations, please provide us with the following personal information:

**YOUR NAME:** \_\_\_\_\_

**YOUR DATE OF BIRTH:** \_\_\_\_\_

### DEPENDENTS (IF TO BE ADDED TO QUOTATION)

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**YOUR ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

### HEIGHT & WEIGHT (of those to be considered for health insurance):

SELF \_\_\_\_\_

SPOUSE \_\_\_\_\_

CHILD \_\_\_\_\_

CHILD \_\_\_\_\_

**DO YOU OR YOUR DEPENDENTS USE ANY NICOTINE PRODUCTS?**

**ARE YOU OR YOUR DEPENDENTS CURRENTLY TAKING ANY MEDICATION?**

If so, please specify what health conditions you are treating with medication – this will help us determine if you will be rates-up by an Insurance Carrier.

\_\_\_\_\_  
\_\_\_\_\_

### Health Insurance Coverage:

Do you currently have Insurance? \_\_\_\_\_

What is your Current Deductible OR what deductible do you want us to quote? \_\_\_\_\_

Current Premium (if applicable)? \_\_\_\_\_

Do you want us to quote Dental cover? \_\_\_\_\_

Do you want us to quote Life Cover? \_\_\_\_\_ How much? \_\_\_\_\_