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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? _____