HEALTH INSURANCE PRE-QUALIFICATION FORM

HOME PHONE: _____ **CELL PHONE:** _____

NAME #1: _____

D.O.B. #1: _____

NAME #2: _____

D.O.B. #2: _____

ADDRESS: _____

_____

Height #1: _____ **Height #2:** _____

Weight #1: _____ **Weight #2:** _____

Smoker #1: Y or N **Smoker #2: Y or N**

CURRENT INSURANCE: Y or N

NAME OF COMPANY: _____

WHAT ARE YOU CURRENTLY PAYING: _____

PRE-EXISTING COND: #1: Y or N **#2: Y or N**

WHAT TYPE #1: _____

WHAT TYPE #2: _____

MEDICATIONS #1: _____

MEDICATIONS #2: _____

HOW DID YOU HEAR ABOUT US: _____

WHAT ARE YOU LOOKING FOR IN HEALTH OR LIFE INSURANCE:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____