



**GETTING STARTED with Individuals**

There are a few things we will need from you in order to get started. Most of it is self-explanatory, but if you need help give us a call at (702) 892-0266. When finished, fax all completed pages to us at (702) 892-0212 or email to your broker, call for email address.

**Contact Information**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Broker \_\_\_\_\_

**Primary Applicant's Information**

Primary Applicant's FULL Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Tobacco user? Yes / No Smoke / Chew

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CENSUS FORM**

Do you have dependents you want to cover? Yes/No If yes list below

<b>Dependent Census Information</b>						
	<b>Dependent Name</b>	<b>DOB</b>	<b>Age</b>	<b>Dependent Status-Spouse/Child</b>	<b>Male/Female</b>	<b>Tobacco Y/N</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						

**Your Current Health Insurance Situation**

Do you have existing health coverage? \_\_\_\_\_ IF YES...



Name of current health insurance company? \_\_\_\_\_

Current Type of Plan? HMO PPO POS HDHP w/HSA Other: \_\_\_\_\_

Current Premium \$: \_\_\_\_\_

Month of renewal for current coverage: \_\_\_\_\_

Do you have an existing broker? \_\_\_\_\_

**Additional Comments**

Please include short comments regarding any past or on-going medical conditions for yourself and dependents to be covered by the health plan.

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

Are there any other issues you want us to consider? If so, please summarize:

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

**Broker Summary- Client is Primarily Interested in:**

Type of Plan: HMO PPO POS HSA Other: \_\_\_\_\_

Short-term plans? \_\_\_\_\_ Premium Range \$: \_\_\_\_\_

Network: \_\_\_\_\_ Travel out of Service Area: \_\_\_\_\_

Rx Coverage: \_\_\_\_\_

- Health       Vision/Discount       Dental/Discount       Life       Long-term disability
- Short-term disability       Cancer       AD&D       HDHP w/HSA       Pension Plans
- Long Term Care       Other \_\_\_\_\_