HealthMarkets Insurance Agency

Health | Life | Medicare | Long-Term Care

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Preliminary Questionaire

CUSTOMER PROFILE

Date_____ _____

Customer Name _____ DOB _____ SS#: _____ SMOKE? YES OR NO

Spouse Name _____ DOB _____ SS#: _____ SMOKE? YES OR NO

Medicare Customer ONLY:

Part A_____ Part B _____

Is the customer a U.S. citizen? YES NO (circle one) **Is the spouse a U.S. citizen? YES NO** (circle one)

Primary Contact: CLIENT or **SPOUSE** (circle one)

Primary Residence Address

Address City ST ZIP **Preferred Mailing Address** *(if different than primary)*

Address City ST ZIP

Contact Information

Phone Number		**Best Time to Call**
Residence	( )	
Cell Number	( )	
Business (Client/Spouse)	( )	
Email Address Primary		
Email Address Alternative		

NAME OF DEPENDENTS:

1. _____ AGE: _____ RELATION: _____

DOB: _____ SS#: _____ SMOKE? YES OR NO

2. _____ AGE: _____ RELATION: _____

DOB: _____ SS#: _____ SMOKE? YES OR NO

3. _____ AGE: _____ RELATION: _____

DOB: _____ SS#: _____ SMOKE? YES OR NO

4. _____ AGE: _____ RELATION: _____

DOB: _____ SS#: _____ SMOKE? YES OR NO

5. _____ AGE: _____ RELATION: _____

DOB: _____ SS#: _____ SMOKE? YES OR NO

ANNUAL SALARY

Primary 2014: _____ Spouse: _____ Total: _____

Projected Annual Income for 2015 Primary: _____ Spouse: _____ Total: _____

Primary Employer: _____ Phone#: _____

Spouse Employer: _____ Phone#: _____

Do you currently have health insurance at your job? Yes / No Name of Health Insurance Company: _____

How much do you pay right now? _____ Weekly / Every 2 weeks / Bi-Monthly / Monthly

ANYONE ON MEDICAID / MEDICARE / PEACHCARE? YES OR NO

TO DETERMINE HEALTH INSURANCE NEEDS/WANTS

1. What benefits do you consider the most important as you look for a new plan?_____
_____

2. How have you needed to use your coverage in the past?_____

3. How many times have you or a member of your family been admitted to the hospital or had surgery in the past five years?_____

4. If you needed to be hospitalized for a major illness, what deductible would you be most comfortable with? (Give range of available deductibles)_____
_____

5. Are you currently taking any long-term maintenance medications?_____
_____

6. What would you estimate your total annual Rx cost to be?_____

7. Have your previous plans required a referral to see a specialist?_____ How did that work out?_____

8. What is more important to you, lower premiums or network/doctor flexibility?_____
_____

9. Do you travel away from home often? Is out-of-area coverage for non-emergency care important to you?_____

TO DETERMINE A BUDGET

How much per month do you currently spend on health insurance?_____

If you want to improve your health benefits, how much more a month are you willing to spend?_____
_____
_____

If we are able to create a package that includes health insurance; cash you need to fill gaps and cover out-of-pocket expenses; plus life insurance—how much would you be willing to spend?
_____
_____

DO YOU CURRENTLY HAVE LIFE INSURANCE: YES NO

Is this temporary or permanent?_____

Have there been any life-changing events since you purchased it?
_____

When was the last time you reviewed your coverage?_____

DO YOU CURRENTLY HAVE AUTO/HOME INSURANCE: Y N

1. Are you happy with your current carrier?
   _____
2. Who is your current carrier?_____
3. What is your current premium? _____
4. Comprehensive and Collusion or Liability?_____
5. Limits?_____
6. Desire Limits?_____
7. Rental Car?_____
8. Towing?_____
9. Under Insured Coverage?_____

10. HOME: Amount of personal property?_____
11. HOME: Do you have a burgular alarm?_____
12. HOME: What is your home valuation (appraised)?_____

DO YOU CURRENTLY HAVE RENTAL INSURANCE: Y N

1. Are you happy with your current carrier? _____
2. Who is your current carrier?_____
3. What is your current premium? _____
4. Amount of personal property?_____
5. What is you premiums? _____

Health ONLY
Application fee outside enrollment is $40
Application fee during enrollment is $20

DRUG ASSISTANCE
Application fee is $50