

Individual Census Information

(please complete all information below and fax to 412-650-6505)

Individual Name: _____ Spouse Name: _____

Street, City, State, Zip Code: _____

Phone No: _____ Fax No: _____

County: _____ Email: _____

Individual Date of Birth: _____ Spouse Date of Birth: _____

Name & DOB of Children: _____ / _____ / _____

Current Health Insurance Carrier: _____

Current Health Insurance Premium: _____

Please check the health insurance options that you want quoted:

_____ High Deductible Health Plans (HSA): _____ HealthAssurance _____ Aetna _____ Fortis
_____ AMS

_____ Deductible Health Plans: _____ HealthAssurance _____ Aetna _____ Highmark
_____ Fortis _____ AMS

_____ PPO Health Plans: _____ Highmark _____ Aetna

_____ HMO Health Plans: _____ Highmark _____ Aetna

Please complete the following health questions in order to accurately determine eligibility:

_____ Nonsmoker	_____ Smoker
_____ Height	_____ Weight
_____ Spouse Height	_____ Spouse Weight
Chiropractor < 2 years	_____ Yes _____ No
Surgeries < 5 years	_____ Yes _____ No
Pregnant	_____ Yes _____ No
Prescriptions	_____ Yes _____ No

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All information is kept strictly confidential and shared only with insurance carriers for quoting purposes.