

Insurance Strategy, Inc. - Individual Medical Questionnaire

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Best Number to Call: _____ Home Cellular Work

E-mail address: _____

Annualized Household Income: _____ Marketplace Coverage: ON OFF

Current or Previous Insurance Information:

Do you currently have medical insurance coverage? YES NO

Is the coverage a group plan or individual? GROUP INDIVIDUAL

Who is the carrier? _____ What is the deductible? _____

What is your monthly premium? _____ What is your monthly budget amount for coverage? _____

Family Code:	Name: (Last, First, MI)	Date of Birth (MM/DD/YY)	Gender M / F	Tobacco Use Yes/No
Primary			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
D 1			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
D 2			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
D 3			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
D 4			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
D 5			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
D 6			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agents at Insurance Strategy, Inc are independent brokers. We offer a wide variety of coverage through several different carriers. You will need to indicate what type of coverage you are looking to purchase:

- Dental Disability Life Insurance Long Term Care
 Medical Medical 65+ Vision Aflac



Please Note: All forms may be filled out electronically. To begin, download the desired form to your local device and save. When complete, simply click EMAIL button to submit electronically.

Acrobat Reader is required. Click the logo to download the software. Further instructions may be found at: <https://helpx.adobe.com/acrobat/using/filling-pdf-forms.html>



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