

## Insurance Strategy, Inc. - Individual Medicare Information Sheet

**Prospect Information:**

Name:			
Address:			
City:	State:	Zip Code:	County:
Best Number to Call:		<input type="checkbox"/> Home	<input type="checkbox"/> Cellular <input type="checkbox"/> Work
E-mail address:			
Do you have current Medicare coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Medicare Coverage Needed:	<input type="checkbox"/> Advantage Plan <input type="checkbox"/> PDP <input type="checkbox"/> Supplement

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

Agents at Insurance Strategy, Inc are independent brokers. We offer a wide variety of coverage through several different carriers. Please circle the coverage below you are interested in receiving quotes on.

Dental     
  Life Insurance     
  Vision



6368 Pearl Road, Main Floor  
 Cleveland, OH 44130  
 Phone: 440-842-9922  
 Toll Free: 800-788-8146  
 Fax: 440-842-8669  
 E-mail: [isiquotes@insurancestrategyinc.com](mailto:isiquotes@insurancestrategyinc.com)



**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>**