INDIVIDUAL MEDICAL QUESTIONNAIRE SHEET FOR QUOTE

Fax Back to: **732-377-8733**
Lynne Clausen
732-499-8026 or 973-232-7418

Have you had coverage for the last 63 days? If so, what was/is termination date:_____ You may be eligible for a Special Enrollment. If not covered for the last 63 days, you will have to wait until the Open Enrollment period which is between 11/1 through 1/31. If you lost coverage due to non-payment you will also have to wait for Open Enrollment. You will have to provide lost coverage documentation (a document in black and white that shows when and why you lost coverage. If you cannot provide this, you will have to wait for open enrollment. If you think you may be eligible for subsidy due to your income level, you will need to contact Healthcare.gov directly at 800-318-2596

NAME_____

*Who Referred you?*_____

PHONE# (CELL)_____(HOME#) _____

(OTHER#'S)_____

EMAIL *TO SEND QUOTE TO*: _____

RESIDENTIAL ADDRESS: _____

CITY:_____State__**NJ**__ Zip_____ COUNTY: _____

Current Coverage: (CARRIER)_____Currently Paying: $_____/MONTH

COVERAGE FOR (indicate names below)	**DATE OF BIRTH**	**MALE OF FEMALE**	**IN COLLEGE**
MYSELF ONLY NAME INDICATED ABOVE >>>>>>>>>>			
SPOUSE			
CHILD-1			
CHILD-2			
CHILD-3			
CHILD-4			

Any other notes or medical/prescription situations I should be aware of?

_____
_____
_____
_____
_____