

Internal Use Only	
Date	_____
Agent	_____
Code	_____

Please complete the answers, and schedule your FREE Insurance Consultation

### Profile

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Phone \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

### Coverage Assessment

#### Health Insurance

Do you already have a ConnectForHealthCo account  Yes  No  
 Is your personal account attached to your employer account  Yes  No  
 Do you already have a primary care physician  Yes  No  
 Are you currently taking prescription medications  Yes  No

Describe any health coverage you currently have (VA, Union, etc)  
 If Yes, who is your carrier \_\_\_\_\_  
 which plans do you have \_\_\_\_\_  
 Are you trying to replace any Plans that you currently have in place?  
     Do you have a dental plan  Yes  No  
     Do you have a vision plan  Yes  No  
     Do you have a hearing plan  Yes  No

*In some cases, these three services have waiting periods for the more expensive type procedures and devices, and are Not generally covered by Medicare...*

#### Additional Coverages

Do you currently qualify for Medicaid or a special needs program  Yes  No  
 Do you have a Medicare account  Yes  No  
 If Yes, do you have a Supplement policy  Yes  No

#### Hospitalization Plan

Do you currently have a hospitalization helps to pay your out-of-pocket expenses  Yes  No  
 Do you have resources to pay for hospital and other out-of-pocket services  Yes  No

#### Life Coverage

Do you have liquid resources to cover funeral costs, settle all debts  Yes  No  
 Do you currently have a Life insurance policy  Yes  No  
 Do you have enough Life insurance  Yes  No  
 Do you have the resources to leave a legacy  Yes  No



Internal Use Only	
Date	_____
Agent	_____
Code	_____

**Supplemental Coverage**

- Do you have a Plan B for income, if you get sick or hurt and cannot work  Yes  No
- Do you have resources to cover the out-of-pocket cost of a cancer diagnosis  Yes  No
- Does Cancer, Heart attack, Stroke, Diabetes or Kidney Disease run in the family  Yes  No

*Some plans require submission of claims per procedure, while others pay a lump sum benefit*

**Medicare**

- Are you currently receiving Medicare Benefits  Yes  No
- Are you entitled to Medicare Part A  Yes  No
- Are you enrolled in Medicare Part B  Yes  No
- Have you enrolled in a Prescription Drug Plan  Yes  No

*Medicare - does not cover funeral costs...*

**Long Term Care Insurance (LTC)**

- Do you have the resources to pay for multiple nursing home stays  Yes  No
- Do you have Long-Term Care (LTC) Coverage  Yes  No

**Retirement Income**

- Do you have accumulated assets that you want to protect  Yes  No
- Do you currently have stocks, bonds, mutual funds account  Yes  No
- Do you currently have an Annuity policy  Yes  No
- Do you have a retirement savings account .....  Yes  No

**Based on Your Answers:**

We would like to share with you some premium information in the following categories..

**You are under No Obligation !**

Health	Ancillary	Life	Supplemental	LTC	Retirement	Group

If you are interested in more information in either of the above categories or the amounts provided, Please, feel free to contact us at your earliest convenience.

Thank You for Your Business.

