331 Rocky Lane Spring Branch, TX 78070
830-522-5546 or 713-240-5597
FXXXXXXXX

| Name | DOB | SS\# | Smoke <br> Y/N | Address/Zip code | Health <br> Y/N | Vision <br> Y/N | Dental <br> Y/N | Life <br> Y/N |
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Contact info: Phone $\qquad$ Email $\qquad$

Effective Date requested $\qquad$

Health Deductible requested \$ $\qquad$ ( $\$ 1000$ minimum for individual BCBS PPO)

Would you prefer PPO (in/out network) POS (must choose primary care Dr.) HMO (network only)

Life Insurance Limit \$ $\qquad$ Spouse \$ $\qquad$

Other coverage you would like us to quote:

