

## 331 Rocky Lane Spring Branch, TX 78070

## 830-522-5546 or 713-240-5597

## F**XXXXXXXXXX**XXXXXX

| 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 |
|---|-----|-----|--------------|------------------|---------------|---------------|---------------|-------------|
|   |     |     |              |                  |               |               |               |             |
|   |     |     |              |                  |               |               |               |             |
|   |     |     |              |                  |               |               |               |             |
|   |     |     |              |                  |               |               |               |             |
|   |     |     |              |                  |               |               |               |             |
| Contact info: Phone Email   |     |     |              |                  |               |               |               |             |
| Effective Date requested  |     |     |              |                  |               |               |               |             |
| Health Deductible requested \$ (\$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 \$   |     |     | _ Spouse     | \$               |               |               |               |             |
| Other coverage you would like us to quote:  |     |     |              |                  |               |               |               |             |