



Individual Health Insurance Prospect Sheet

Financial Representative: _____

Follow up Contact: _____

Current NM Client: YES NO

Date submitted to Pharos Employee Benefits, Inc.: _____

If you do not wish for us to reach out to your client and this quote is for financial planning please check here: _____

Email Quotes to Julie Keller
julie@pharoseb.com

Client Demographic Information

Name: _____
 Street Address: _____
 City: _____
 County: _____
 State: MINNESOTA
 Zip Code: _____

Phone Number: _____
 Email Address: _____
 Date of Birth: _____
 Tobacco Use: YES NO
 *Special Event: _____
 *Coverage end date: _____

**** Information REQUIRED if requesting quotes outside of annual open enrollment***
(individuals cannot enroll in individual policies outside of open enrollment without a qualifying/special event.)

Dependent Demographic Information (only those to be included on quotes)

Spouse: _____
 Child: _____
 Child: _____
 Child: _____

Spouse Date of Birth: _____
 Child Date of Birth: _____
 Child Date of Birth: _____
 Child Date of Birth: _____

Special Requests

Preferred Carrier: _____

Doctor to be Covered: _____

Hospital or Clinic to be Covered: _____

Thank you for this opportunity. Your prospect will be contacted within 24-48 hours