



Tiger Insurance Agency

Client Data

| | | | | | |
|--|---|--|--|--|---------------------|
| Full Name: | | Male / Female | | | |
| Address: | | | Is your mailing address and physical address the same Y or N | | |
| City: | State: | Zip: | County: | | |
| Mailing address: | | | | | |
| City: | State: | Zip: | County: | | |
| Phone: | | Email: | | | |
| Date of birth: | | SSN or TIN: | | | |
| Are you enrolled in any other type of health insurance such as Medicare, VA Benefits, or Medicaid? Y or N | | Are you requesting health insurance? Y or N | | | |
| Place of Employment | | Avg Paycheck: | Pay Frequency: | Start date: | |
| Employer Phone Number | Married? Y or N <small>Complete Separate form for spouse</small> | | Children in the home? Y or N <small>Add Children's Worksheet</small> | | |
| Will you file a tax return? Y or N | Will you file a joint return with a spouse? Y or N | | Registered Native American or Alaskan Native Y or N | | |
| Can you be claimed as a dependent on someone else's tax return? Y or N | Do you need help with medical bills from the last three months? Y or N | | Are you a US Citizen? Y or N | | |
| Tobacco User: Y or N | Are you Blind: Y or N | | Are you Disabled: Y or N | | |
| Are you a Student? Y or No | Were you ever in Foster Care? Y or N | | Are you pregnant: Y or N <small>If Y Due Date: _____</small> | | |
| Alternate Contact (Optional) | | | | | |
| City of first job | | Fav Drink | | Fav Color | |
| <input type="radio"/> Blue Cross Blue Shield | | <input type="radio"/> Ambetter | | <input type="radio"/> Qual Choice | |
| Signature: | | | | Date: | |
| Do you have Life Insurance? Y or N | | Would you like to know more? Y or N | | | |
| Do you have Dental Insurance? Y or N | | Would you like to know more? Y or N | | | |
| Do you have Vision Insurance? Y or N | | Would you like to know more? Y or N | | | |
| Applied | Collected Docs? | Docs Submitted | Approved | Selected | Notified |
| <small>Date</small> | <small>Date</small> | <small>Date</small> | <small>Date</small> | <small>Date</small> | <small>Date</small> |



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Notes

On this date I was offered a quote of \$ _____ for \$ _____ of Life insurance.

Insurance Company:

Client:
