



Agent  
John D. Ellzey, Jr. CIC

johnellzey.com

# Health Insurance Questionnaire

Referred by: \_\_\_\_\_

Upon completion of this questionnaire please return it to our office so that we can prepare your quote.

You can drop it off or mail it to us at:

**118 SW Railroad Ave  
P.O. Box 399,  
Hammond, LA 70403**

Or you can fax it to us at:

**(985) 542-6487**

If you have any questions or if you need any assistance, please contact us at:

**(985) 542-8220  
(985) 969-2682**

**John D. Ellzey, Jr., CIC  
jellzey@stielinsurance.com**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse Name if included in quote: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children included in quote: Yes / No

If any tobacco use please indicate applicant or spouse: \_\_\_\_\_

Do you have current coverage? \_\_\_\_\_

Are you interested in a low or high (HSA) deductible plan? Low / High

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

If children are to be included in the quote please list their date of birth:

\_\_\_\_\_  
\_\_\_\_\_

Additional information needed for Life Insurance Quote:

Amount of Life Insurance Requested: \_\_\_\_\_

Type of Policy:            Term            Return of Premium Term            Whole Life

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_