



# Tiger Insurance Agency

## Client Data Health Insurance

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