

ONLINE APPLICATION SUMMARY NOTES:

NAME: _____ D.O.B.: _____ AGE: _____
MOBILE PHONE: _____ WORK: _____ HOME: _____
BIRTH PLACE: _____ MARITAL STATUS: _____ HEIGHT: _____ WEIGHT: _____ TOBACCO ? _____
OCCUPATION: _____ HOW LONG: _____ EMPLOYER: _____ INCOME: \$ _____
PERSONAL EMAIL: _____ WORK ADDRESS: _____
SPOUSE: _____ D.O.B.: _____ HEIGHT: _____ WT: _____ CELL #: _____
EMPLOYER'S NAME: _____ PHONE: _____ TOBACCO USE ? _____
HOME ADDRESS: _____ YRS. LIVED THERE: _____

ASSETS: \$ _____ LIABILITIES: \$ _____ NETWORTH: \$ _____

PRIMARY DOCTOR: _____ PHONE: _____ ADDRESS: _____
DATE LAST VISIT: _____ RESULTS/MEDS PRESC: _____
MEDICATIONS: _____ TREATMENT FOR: _____

QUALIFYING HEALTH QUESTION:

- ARE YOU TAKING ANY MEDICATIONS FOR?:
 HEART ? STROKE ? CANCER ? DIABETES ? HIV COPD ? MEMORY LOSS ?
- HAVE YOU BEEN ADMITTED TO A HOSPITAL IN THE LAST 5 YEARS? _____
- IS YOUR HEIGHT AND WEIGHT WITHIN THE NORMAL RANGES? _____
- IN THE PAST 3 YEARS—HAD A DUI OR MORE THAN 3 MOTOR VEHICLE VIOLATIONS? _____
- ANY ARRESTS OR CONVICTIONS IN THE PAST 10 YEARS? _____

| | | |
|-------------------------------|---------------|-----------------|
| PRIMARY BENEFICIARY: _____ | D.O.B.: _____ | RELATION: _____ |
| PRIMARY BENEFICIARY: _____ | D.O.B.: _____ | RELATION: _____ |
| PRIMARY BENEFICIARY: _____ | D.O.B.: _____ | RELATION: _____ |
| CONTINGENT BENEFICIARY: _____ | D.O.B.: _____ | RELATION: _____ |
| CONTINGENT BENEFICIARY: _____ | D.O.B.: _____ | RELATION: _____ |

NOTES:

ORDERED:

| | YES | NO |
|--------------|--------------------------|--------------------------|
| EXAM: | <input type="checkbox"/> | <input type="checkbox"/> |
| BLOOD: | <input type="checkbox"/> | <input type="checkbox"/> |
| URINE: | <input type="checkbox"/> | <input type="checkbox"/> |
| EKG: | <input type="checkbox"/> | <input type="checkbox"/> |
| RATE CLASS: | _____ | |
| BENEFIT AMT: | _____ | |
| PREMIUM: | _____ | |
| MODE: | _____ | |
| BILL DATE: | _____ | |
| SUBMITTED: | _____ | |

SCHEDULED EXAM DATE: _____ EXAM TIME: _____ ORDERED: _____