



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

# Individual Quote Request Form

## AGENT/ADVISOR INFORMATION

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

## APPLICANT INFORMATION (All information is required to obtain a valid quote)

Name: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## QUOTE INFORMATION

**Applicant...** Gender: M F Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Smoker: Y N Maternity: Y N

**Spouse...** Gender: M F Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Smoker: Y N Maternity: Y N

### **Children...**

Child's Name	Gender	Date of Birth	Full-time Student	
1. _____	M F	___/___/_____	Yes	No
2. _____	M F	___/___/_____	Yes	No
3. _____	M F	___/___/_____	Yes	No
4. _____	M F	___/___/_____	Yes	No
5. _____	M F	___/___/_____	Yes	No

The information requested must be completed in order for your quote to be processed accurately. Please fax the completed form 847-332-0338 (Attn: Money Concepts Quoting) or e-mail to [mc@flexiblebenefit.com](mailto:mc@flexiblebenefit.com).

For questions about completing this form, please call *Flex* at 866-472-5340.

**NOTES:** \_\_\_\_\_

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

*You will only receive quotes from carriers in which you are appointed through the Flex General Agency or where Flex is the writing agent*



# Things to Know – Profiling Your Individual Clients

(For Advisor use only)

This tool will allow you to better understand the needs of your individual clients. By gathering this information, you will be able to establish a profile of your client and build a strategy for long-term success. This information is for your purposes only. Please do not send this information to *Flex* with your quote request form.

Client Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Carrier: \_\_\_\_\_  
Current Effective Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
Current Rates: \_\_\_\_\_ Renewal Rates: \_\_\_\_\_

### CURRENT BENEFITS:

Deductible: \_\_\_\_\_ Office Visit Copay: \_\_\_\_\_  
Family Deductible: \_\_\_\_\_ Rx Drug Copay: \_\_\_\_\_  
Coinsurance: \_\_\_\_\_ Emergency Room Copay: \_\_\_\_\_  
Out-of-Pocket Maximum: \_\_\_\_\_ Preventive Care Copay: \_\_\_\_\_  
Family Out-of-Pocket Maximum: \_\_\_\_\_ Hospital Copay: \_\_\_\_\_

### NOTES:

Known medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Needs of client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What to quote: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL INFO:

The following is a partial list of common medical conditions considered “declinable” by insurance carriers. If your client has any of these medical conditions, they likely will be declined for individual health insurance

- Alcoholism with less than 5 years recovery / drug addiction
- Diabetes Mellitus (Type 1 & 2)
- Down Syndrome
- Heart Disease
- Hepatitis C, D, E, or G
- HIV Positive / AIDS
- Hypertension (Uncontrolled, or less than 1 year controlled)
- Pregnancy
- Sleep Apnea

