InsureCare Consulting, Inc.
Group Health Individual Life Dental

Individual Coverage Request Form

_____
First Name M.I. Last Name

Address_____
City_____
State_____ Zip_____
Phone (___) _____
E-Mail_____

Yourself
Date Of Birth_____ Age____ Male ____Female____
Height_____ Weight____ Smoker ____Non-smoker____

Spouse
Date Of Birth_____ Age____ Male ____Female____
Height_____ Weight____ Smoker ____Non-smoker____

Number Of Children to be covered_____ Ages of Children_____

Best time to Contact_____
When is coverage needed_____

Has any person to be covered lived in the U.S.A. for less than 12 months
Yes___ No ___

Signature_____ Date_____

Please Fax to:
Annette Strohmeier
InsureCare Consulting Inc.
Phone: (954) 499-0730 / FAX: (954) 704-0298