J Freeman & Associates
Insurance & Financial Services
The Future Secured SM

Health Insurance Quote Request Form

FAX TO: (864) 331-4401
E-mail to: Benefits@j-freeman.com

Client Name: ______________________ **Phone Number:** _______________ **Email:** ____________________

❑**M** ❑**F** **DOB:** ___________________ **Home Zip Code:** _________________

Tobacco Use: ❑ Never ❑ Cigarettes ❑ Other Tobacco ❑ Former User Date of Last Use: ____________________

Height/Weight: ___________________________

Family Coverage: ❑ Yes ❑ No

Spouse DOB: ____________________________

Height/Weight: ___________________________

Tobacco Use: ❑ Never ❑ Cigarettes ❑ Other Tobacco ❑ Former User Date of Last Use: ____________________

Number of Children: ______________________

Age & Gender: ___________________

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Medical Conditions and Medications: ____

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Requested Effective Date: _________________

Plan Information: ❑ **Traditional Copay Plan** ❑ **HSA-eligible / high deductible health plan**

Deductible Range: ❑ **$250 - $1,500** ❑ **$1,501 - $3,000** ❑ **$3,001 - $7,000** ❑ **$7,001 - $10,000**

Currently covered? ❑ Yes ❑ No

If yes, please provide current plan and premium information:____

ALL INFORMATION IS CONFIDENTIAL