

**Fax Back to 713-455-3068 HEALTH APPLICATION**

**Individual Medical Quote Request**

**Rep – Beneflex Financial Group, Jerry Hill 713-455-7087**

Date \_\_\_\_\_

Agent Name \_\_\_\_\_ Fax # \_\_\_\_\_

Agent Email: \_\_\_\_\_

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Effective Date \_\_\_\_\_ (Any Day 1-28) 5 **DIGIT** Zip \_\_\_\_\_

**PRIMARY INSURED** \_\_\_\_\_

M / F DOB / Age \_\_\_\_\_ TOBACCO USER Y/N \_\_\_\_\_

Health History \_\_\_\_\_

Medications \_\_\_\_\_

**SPOUSE**

M / F DOB / Age \_\_\_\_\_ TOBACCO USER Y/N \_\_\_\_\_

**# OF CHILDREN** \_\_\_\_\_

Health History \_\_\_\_\_

Medications \_\_\_\_\_

**CHILD ONLY: LIST YOUNGEST CHILD AS PRIMARY**

**CURRENT CARRIER/COVERAGE/PREMIUM**

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