

Individual Info Sheet



How did you hear about Us? _____

Referred By: _____

Name: _____

Address: _____

City: _____ Zip: _____

Email: quote@ZinnInsurance.com

Email Address: _____ @ _____

Telephone: W. _____ H. _____ C. _____

Best Time to Call: _____

Requesting Info: Health Life Dental LTC STM Other: _____

Current Coverage/ What type? _____

Name of Carrier: _____ Ded. \$ _____ OV/ ER: _____ RX: \$ _____

Monthly Prem. \$ _____

Personal Health Info

Please use another page if needed

<u>Name</u>	<u>DOB</u>	<u>Tobacco</u>	<u>Ht. / Wt.</u>
1. _____	m/f _____	NS/ S _____	_____/_____

Health Conditions/ Onset Date(s): _____

Meds: _____

Surgeries in last 5yrs/ Cancer in last 10yrs? _____

2. _____	m/f _____	NS/ S _____	_____/_____
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Health Conditions/ Onset Date(s): _____

Meds: _____

Surgeries in last 5yrs/ Cancer in last 10yrs? _____

3. _____	m/f _____	NS/ S _____	_____/_____
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Health Conditions/ Onset Date(s): _____

Meds: _____

Surgeries in last 5yrs/ Cancer in last 10yrs? _____

4. _____	m/f _____	NS/ S _____	_____/_____
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Health Conditions/ Onset Date(s): _____

Meds: _____

Surgeries in last 5yrs/ Cancer in last 10yrs? _____

5. _____	m/f _____	NS/ S _____	_____/_____
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Health Conditions/ Onset Date(s): _____

Meds: _____

Surgeries in last 5yrs/ Cancer in last 10yrs? _____