



# Easttown Financial Services, Inc.

MONEY CONCEPTS FINANCIAL PLANNING CENTER

## Health Insurance Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Birthdate \_\_\_\_\_ Male Female

Please respond to ALL of the following. Have you or any of your dependents been diagnosed, treated or told by a member of the medical profession that you have any of the following:

	Yes	No
1. Amputation, Blood Vessel Disease, Arteriogram, Peripheral Vascular Disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Chest Pain, Coronary Artery Disease, Heart Attack, Heart Failure, Heart Valve Disease, Irregular Heart Rhythm?	<input type="checkbox"/>	<input type="checkbox"/>
3. Alzheimer's, Dementia, Brain Injury, Brain Disorder, Neurosis, Depression, Psychosis, Seizures?	<input type="checkbox"/>	<input type="checkbox"/>
4. Fainting, Unsteadiness, Paraplegia, Paralysis, Stroke, or Transient Ischemic Attack (TIA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Asthma, Emphysema, Chronic Obstructive Pulmonary Disease?	<input type="checkbox"/>	<input type="checkbox"/>
6. Cirrhosis of Liver, Hepatitis, Crohn's Disease, Ulcerative Colitis?	<input type="checkbox"/>	<input type="checkbox"/>
7. Arthritis-Rheumatoid or Osteo/Degenerative, Osteomyelitis, Spinal Surgery, Back Disorders?	<input type="checkbox"/>	<input type="checkbox"/>
8. Amyotrophic Lateral Sclerosis, Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease, Systemic Lupus Erythematosus, Lyme Disease?	<input type="checkbox"/>	<input type="checkbox"/>
9. Blindness, Glaucoma, Blood or Immunological Disorders, Diabetes, Kidney Disease or Kidney Failure, Bone Marrow, Organ Transplant of Cancer?	<input type="checkbox"/>	<input type="checkbox"/>
10. Alcohol or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
11. Any other injury, illness or condition not indicated above?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you or any of your dependents been hospitalized in the last 12 months? If yes, for what condition?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you or any of your dependents currently pregnant? If yes, what is the due date?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you or any of your dependents had complications with a pregnancy in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you or any of your dependents currently taking prescription medications (or have you in the last 12 months)?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you or any of your dependents smoke?	<input type="checkbox"/>	<input type="checkbox"/>

**Please continue with the questions on the other side.....**

Please provide details below if you answered "yes" to any of the questions.

Question #	Name	Condition	Date Diagnosed	Date of Last Treatment

Please provide the **names and dates of birth** for any dependents who will be on your policy (Please note: every adult who is part of the policy should complete their own questionnaire):

\_\_\_\_\_

\_\_\_\_\_

Are you currently insured?  Yes  No      When do you need your new coverage to begin? \_\_\_\_\_

If yes, who is your current in health insurance provider? \_\_\_\_\_

How much to you pay in monthly premiums? \_\_\_\_\_

What is your deductible? \_\_\_\_\_      Office co-pay? \_\_\_\_\_

Do you have prescription insurance?  Yes  No      How much do you pay monthly for prescriptions? \_\_\_\_\_

Please check which option best describes your health insurance needs:

- I am willing to pay a higher premium for an extensive health insurance plan.
- I prefer a more moderately priced premium for more moderate coverage (for example, a higher deductible).
- I am most interested in a plan with a low monthly premium in exchange for minimal coverage.

Are you interested in more information on disability or life insurance?  Yes  No

Thank you for taking the time to complete this survey! This information will help us find the best insurance plan for you.

Feel free to contact us with any questions by phone at 233-9773 or e-mail [suzi@eastownfinancial.com](mailto:suzi@eastownfinancial.com) or [andy@eastownfinancial.com](mailto:andy@eastownfinancial.com). We appreciate your business!