Insurance Coverage Assessment Form

Date ____________

Agent ____________

Code ____________

Internal Use Only

Please fill-in answers, and schedule your Free Consultation.

Contact

Name ________________________ Age____ Gender_____

Address______________________ City______________

Email________________________ Zip ______________

Phone________________________ D.O.B.____________

Health Insurance

Do you already have a ConnectForHealthCo account.. ☐ Yes ☐ No

Is your personal account attached to your employer account...................... ☐ Yes ☐ No

Do you already have a primary care physician.. ☐ Yes ☐ No

Are you currently taking prescription medications... ☐ Yes ☐ No

Describe any health coverage you currently have(VA, Union, etc)..........

If Yes, who is your carrier ______________________________

which plans do you have ______________________________

Are you trying to replace any Plans that you currently have in place.......

Do you have a dental plan .... ☐ Yes ☐ No

Do you have a vision plan .... ☐ Yes ☐ No

Do you have a hearing plan .... ☐ Yes ☐ No

In most cases, these three services have waiting periods for the more expensive type procedures, and are not generally covered by Medicare...

Additional Coverages

Do you currently qualify for Medicaid or a special needs program.............. ☐ Yes ☐ No

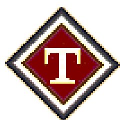
Do you have a Medicare account.. ☐ Yes ☐ No

If Yes, do you have a Supplement policy... ☐ Yes ☐ No

Hospitalization Plan

Do you currently have a hospitalization plan with out-of-pocket expenses……... ☐ Yes ☐ No

Do you have resources to pay for hospital and other services, out-of-pocket….. ☐ Yes ☐ No



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Life Coverage

Do you have liquid resources to cover funeral costs, settle all debts .... ☐ Yes ☐ No
Do you currently have a Life insurance policy ☐ Yes ☐ No
Do you have enough Life insurance .... ☐ Yes ☐ No
Do you have the resources to leave a legacy.. ☐ Yes ☐ No

Medicare - does not cover funeral costs…

Supplemental Coverage

Do you have a Plan B for income, if you get sick or hurt and cannot work........ ☐ Yes ☐ No
Do you have resources to cover the out-of-pocket cost of a cancer diagnosis ☐ Yes ☐ No
Does Cancer, Heart attack, Stoke, Diabetes or Kidney Disease run in the family ☐ Yes ☐ No

Some plans require submission of claims per procedure, while others pay a lump sum benefit

Medicare

Are you currently receiving Medicare Benefits ☐ Yes ☐ No
Are you entitled to Medicare Part A ☐ Yes ☐ No
Are you enrolled in Medicare Part B ☐ Yes ☐ No
Have you enrolled in a Prescription Drug Plan ☐ Yes ☐ No

Long Term Care Insurance (LTC)

Do you have the resources to pay for multiple nursing home stays.......................... ☐ Yes ☐ No
Do you have Long-Term Care (LTC) Coverage.. ☐ Yes ☐ No

A short stay at an assisted living facility can cost thousands…

Retirement Income

Do you have accumulated assets that you want to protect.. ☐ Yes ☐ No
Do you currently have stocks, bonds, mutual funds account....................................... ☐ Yes ☐ No
Do you currently have an Annuity policy .... ☐ Yes ☐ No
Do you have a retirement savings account .... ☐ Yes ☐ No

Submit your answers:
Based on information submitted. We will send your Insurance Coverage Quotes to the email that you provided above. Please Contact Us, if you have any questions about your insurance quote.

You are under No Obligation!

Health	Supplemental	Life	Hospitalization	LTC	Retirement	Medicare