MEDLINK
Your Link to Insurance Solutions

QUOTE REQUEST FORM FOR INDIVIDUALS
E-mail to Kirstie@med-link.net of fax to 502-813-4182

Date: _____

Agent Name: _____

Fax #:_____ Email Address:_____

Phone #: _____

Oldest individual name:_____
(Please note if a family or couple policy, it must be in the oldest persons name
If policy for children only has to be in youngest child's name)

County of Residence: _____ Zip Code: _____

D.O.B.:_____ Sex:_____
Smoker:_____ Non-Smoker_____
Height:_____ Weight:_____
Exercise regularly: Y ____ N ____

SPOUSE—D.O.B_____ Sex:_____
Smoker:____ Non-Smoker___
Height:_____ Weight:_____
Exercise Regularly: Y ____ N ____

Number of Children:_____

Male:_____ Age:_____ Female:_____
Age:_____

Male:_____ Age:_____ Female:_____
Age:_____
(For Family or single with children plan need the 3 oldest children's ages.)

Type of Contract:

S	Single
E/S	Couple
E/C	Single parent w/ Child or Children
F	Family
C	Child(ren)

Anyone take Medications and what for:_____
_____
_____

Anyone have any Health problems:_____
_____
_____

Carriers to Quote: Anthem Humana One