REICHERT FINANCIAL

DATE/TIME:

REFERRED BY:

HEALTH INSURANCE QUOTE REQUEST FORM

Contact Information:

FULL LEGAL NAME:

EMAIL ADDRESS:

PHONE NUMBER:

ARE YOU LOSING COVERAGE? IF SO, WHEN?

MAILING ADDRESS:

ADDRESS

CITY, STATE

ZIP

COUNTY

Family Information:

	FULL NAME	DATE OF BIRTH	AGE	SEX	SMOKER?	NEEDS COVERAGE?
PRIMARY INSURED:					Y / N	Y / N
SPOUSE:					Y / N	Y / N
CHILD 1:					Y / N	Y / N
CHILD 2:					Y / N	Y / N
CHILD 3:					Y / N	Y / N

HOW MANY TAXABLE DEPENDANTS DO YOU CLAIM

HOUSEHOLD ADJUSTED GROSS INCOME

Medical Information:

PLEASE LIST DOCTORS, HOSPITALS AND/OR MEDICAL CLINICS YOU CURRENTLY USE/PREFER

NAME(S)	SPECIALTY	LOCATION

REICHERT
FINANCIAL

28350 KENSINGTON LN., SUITE 300,
PERRYSBURG, OH 43551

HEALTH INSURANCE QUOTE REQUEST FORM CONTINUED...

Medical Information:

PRESCRIPTIONS - PLEASE LIST PRESCRIPTIONS AND WHO'S PERSCRIBED TO THEM.

NAME(S)	DOSAGE	FREQUENCY

PLEASE LIST ONGOING OR PRE-EXISTING MEDICAL CONDITIONS, RECENT SURGERIES/HOSPITALIZATIONS.

FAMILY HISTORY OF:

- ☐ HEART DISEASE
- ☐ DIABETES
- ☐ STROKE
- ☐ CANCER

ADDITIONAL SERVICES I'M INTERESTED IN:

- ☐ DENTAL
- ☐ VISION
- ☐ CRITICAL ILLNESS / ACCIDENTAL
- ☐ MEDICARE SUPPLEMENTS
- ☐ LONG TERM CARE
- ☐ GROUP BENEFITS
- ☐ LIFE INSURANCE
- ☐ DISABILITY INSURANCE
- ☐ HOME / AUTO INSURANCE

WE ALSO OFFER ADDITIONAL SERVICES:
Schedule a call about Financial Investments, Retirement and Personal Wealth Planning.

FOR MORE INFORMATION CONTACT US:
Laura Kelley | laura@reichert-financial.com | (419) 931-0749

REICHERT FINANCIAL SERVICES
28350 Kensington Lane, Suite 300
Perrysburg, OH 43551