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•	Income Protection	1	Supplemental Coverage	4	Life Insurance
	Accident Coverage	4	Dental/Vision Insurance	4	Key Man/Buy Sell
•	Critical Illness Coverage	4	Hospital Indemnity Plan	4	Legal Plan/Identity Theft



Stacey Gilbert Call 303-471-9424 or email <u>stacey@consolidatedbenefits.net</u> Help With Coverage/Quote Requests

# **Individual Client Questionnaire**

Broker: Stacey Gilbert 303-471-9424

Please <u>do not</u> include the following: Social security numbers, Attachments, or applications, medical records Email form to <u>stacey@consolidatedbenefits.net</u> Please provide your phone number and email address on your email to me (not on this form) Although Hours are 8am-5pm I may be out of the office at an enrollment. Please email me this info and we will have a quote to you by the next morning.

Today's Date*:	Requested	Client Zip Code	
(MM/DD/YYYY)	Effective Date:		
	(MM/DD/YYYY)		
Current Coverage	Current	Current Office	
НМО/РРО	Insurance	Visit Co-Pay	
	Company		
Current Out of Pocket	Current	Do you have	
In Network	Coinsurance Out	dental insurance?	
	of Network		
Do you travel for work	Do covered	Do you or family	
or pleasure	children/	members visit	
extensively?	students live	your MD more	
	out of area? Y/N	than 3 times a	
	(zip code)	year?	
Is choice of PCP MD	Are you or	Do you currently	
and specialist	anyone in your	take Rx that are	
important to you?	family currently	Tier 3, 4, 5 or	
	going through	expensive brand	
	treatment or	name?	
	planned surgery		
	where		
	MD's/hospitals		
	are an issue?		

## Individual/Family Census

First Name	Last Name	Age	Date of Birth	M/F	Tobacco Use	Zip Code

#### These questions will help provide the best solutions for your medical and supplemental coverage:

Do you qualify for Connect For Health Colorado? Yes/No If so what is your reportable income for you (and spouse).

Do you have the emergency savings to cover large medical bills or is a lower deductible, lower out of pocket plan more important?

Do you or any family members participate in adventure sports (skiing, repelling, dirt biking, mountain biking, sky diving etc) or sports leagues? What kind/how often?

Has anyone in your family had cancer or heart disease (back to parents generation or having several family members have cancer/heart disease? What kind and which family member (parent/sibling)?

What kind of work/job title for you and your spouse?

Is your spouse covered at work for any type of insurance coverage?

#### Do you currently have the following coverage and if so, with which company and which family member:

Accident Plan	Ex. ( ABC Co \$12500 actual charges or XYZ Co expense plan that pays for fractures/ burns)	Short Term Disability Insurance (Waiting Period/Benefit Period and monthly benefits) Critical Illness Plan	Ex. (ABC Co 7 day WP 12 Month, 3000 month)	Long Term Disability Insurance (Waiting Period/Benefit Period and monthly benefits) Long Term Care	Ex. (XYZ col 90 days to Age 67, \$3000/mo)
Life Insurance	Ex. (30 year term \$1 M policy on John, \$500k on Marge) both with Farmers and \$100,000 UL	Retirement Plan	Ex. 401k rollover to IRA with Schwab	Plan	

### **Small Business Owners:**

Do you currently have a full time or side business?

Does your business deal with contracts, data or do you develop software or advise clients as a consultant (non sales)? Do you have professional liability coverage (E&O)?

Do you have full time or contract employees? Do you have workers compensation coverage?

Do you work with at CPA or Attorney for complex or business issues?



Employee Benefits Income Protection
Supplemental Coverage

Accident Coverage

Life Insurance Dental/Vision Insurance Key Man/Buy Sell

Critical Illness Coverage Hospital Indemnity Plan Legal Plan/Identity Theft

Individual/Group Health Insurance Commercial Business Coverage

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