

Health Insurance Client Questionnaire
Craig Darnell, CFP®

Date: _____

Client Phone: _____

Section I.

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

(Provide second name only if spousal coverage requested)

Type of coverage: HMO PPO (co-pay) Deductible MSA Deductible

If PPO, Co-pay amount: \$20 \$30 \$40

Will dependant children be covered? _____

How many? _____

When do you want the policy to become effective? _____

Section II.

Basic underwriting issue:

Client 1

Client 2

Do you currently have coverage? (Y or N)

If yes, please provide a summary of coverage for your policy and monthly premium.

Please list any health issues that you have no or have had (i.e. surgeries, heart issues, arthritis, cancers, high blood pressure, etc.). Also list prescription drugs currently used:

Client 1 _____

Client 2 _____

Special Notes _____
