

Individual Medical Insurance

Request For Quote



MCNISH FINANCIAL SERVICES, INC.
26622 Woodward Ave., Ste. 200 | Royal Oak, MI 48067
T: 248.544.4800 | F: 248.544.4801

Please print, complete and fax this form to the McNish Group at 248-544-4801. A representative will contact you with regards to the quote you are requesting within one business day of receiving your fax.

Name: _____ Date of Birth: _____

Gender: Male Female

Smoker: Yes No

Height: _____

Weight: _____

Occupation: _____

Covered by workers compensation: Yes No

Coverage Status: Single 2 Person Family

Spouse Name: _____

D.O.B. (m/d/y): _____

Gender: Male Female

Smoker: Yes No

Height: _____

Weight: _____

Occupation: _____

Covered by workers compensation: Yes No

Children: Name: _____

D.O.B. (m/d/y): _____

Name: _____

D.O.B. (m/d/y): _____

Name: _____

D.O.B. (m/d/y): _____

Current health insurance coverage: Yes No

If yes: Group Individual

Name of Carrier / Plan Description: _____

HEALTH CONDITIONS (prescriptions, hospitalizations, pre-existing)

Health conditions you have received treatment for in the past (include name and dates):

Medications taken on a regular basis (include name and prescribed dosage):

CONTACT INFORMATION

Home Phone: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____