

Fax or Mail back to:

Syndicated Insurance Services
1305 Wiley Rd., Suite 132
Schaumburg, IL 60173
Toll Free Fax (888) 232-9747 Toll Free Phone (888) 287-3747

Individual Health Policy Quote

Date: _____

Broker: _____

Fax #: _____ **Phone #:** _____

Applicant Name: _____

City: _____ **State:** _____ **Zip Code:** _____

Effective Date: _____

DOB/Age: _____ **Sex:** M F
Smoker: Y N
Healthy: Y N

Spouse Name: _____

DOB/Age: _____ **Smoker:** Y N
Healthy: Y N

Kids: DOB/Age_____Sex M F DOB/Age_____Sex M F
DOB/Age_____Sex M F DOB/Age_____Sex M F

Plan: Hospital/Physician PPO **Doctor Co-Pay:** \$20 \$30 \$40

Traditional MSA **Drug Card Deductible:** \$0 \$250 \$500

Maternity: Y N **Dental:** Y N

Deductible: \$0 \$250 \$500 \$1000 \$1,500 **Supplemental Accident:**

\$1,550 \$2,000 \$2,250 \$2500 \$5000 \$7,500 \$300 \$500 \$1000

Co-Insurance: 80/60 50/50 Other(s)_____