

Individual & Senior Fact Finding

CLIENT NAME:

DATE:

- OBTAIN:
- 1) Copy of current Medicare or insurance identification card
 - 2). Collect one month's premium to be submitted with the application

QUESTIONS FOR DECISION MAKER:

- 1) Do you currently have a health or dental insurance plan?
- 2) If so, what are your "likes and dislikes" your current plan?
- 3) How much are you interested in spending?

What type of plan are you interested in? (i.e. HMO, PPO, POS, EPO)
Is flexibility important for you?
Is prescription coverage important to you?
Is maternity coverage important to you?
- 4) Are you currently on or eligible for coverage under COBRA, Cal-COBRA or HIPAA?
- 5) What deductible are you interested in?
- 6) What out-of-pocket maximum are you interested in?
- 7) Are you interested in the Family Elect plan option which would allow members in the same family to be enrolled on different plans?
- 8) What Doctors/Hospitals are important to you or your spouse?