

**MontgomeryHealthInsurance**

1841 Gainsborough Drive

Atlanta, Georgia 30341

770.458.3797

**INDIVIDUAL QUOTE REQUEST:**

Fax to 678-807-5467 or email to [mike@MontgomeryHealthInsurance.com](mailto:mike@MontgomeryHealthInsurance.com)

Name:

Home zip code:

Email:

Telephone:

Best time to call:

Age and birth date:

Approximate Height:

Weight:

Spouse age and birth date:

Approximate Height:

Weight:

Number of Dependent Children (under 18 or in college and under 25):

Has anyone in your family used tobacco in the past 12 months?

Have anyone in your family used any prescription medication in the last 12 months?

If, yes, what was the name of the prescription and what was it prescribed for:

Any current illnesses or medical conditions?

Do you have current health insurance coverage?

What Company?

When do you need coverage to Start?

Are there any specific Doctors you want to keep when you change insurance?

Check the box that best describes your current situation:

Healthy and just paying to darn much

Currently on COBRA and want to see if there are other options

Dissatisfied with my current carrier

Change in status – divorce, coming off parents coverage, new business owner

Have a medical condition and want to see if it will be covered