**Health Directions**
1300 Post Road, Suite100
Fairfield, Connecticut 06824
www.HealthInsuranceDirections.com

healthdirections@gmail.com
Ph: 203-255-7700
Fax: 203-659-7361

## CLIENT INFORMATION SHEET

Date: 9-4-2025

Product Interest:
☒ Health Insurance ☐ Dental ☐ Vision ☐ Medicare Supplements
☐ Health Savings Accounts ☐ COBRA Alternatives ☐ Rx Plans
☐ Long Term Care Insurance ☐ Life Insurance

☐ Prospect ☒ Referral John Smith

**PART A**

**CLIENT INFORMATION**

| Name (last / first/ middle) | ☐ Male ☒ Female | Date of Birth | Marital Status ☐ Single ☐ Married ☒ Family |
|---|---|---|---|
| Adams Julie Marie | | 08-14-93 | |
| Billing Address(number and street) | Billing City / State / Zip Code | | |
| 5435 Harrington St APT 331 | Bayside CT 06714 | | |
| Phone Numbers: Day: Eve: Cell: 444-123-8473 | Email Address: jadams9816@comcast.net | | |

**PART B**

**COMPLETE FOR YOU AND ANY FAMILY MEMBERS INTERESTED IN COVERAGE**

| | FIRST NAME | INITIAL | LAST NAME | HEIGHT | WEIGHT | DATE OF BIRTH | SEX |
|---|---|---|---|---|---|---|---|
| APPLICANT | Julie | M | Adams | 5'7" | 195lbs | 08-14-93 | F |
| SPOUSE | Daniel | E | Adams | 5'8" | 215lbs | 09-27-94 | M |
| DEPENDENT | Bob | L | Adams | 3'4" | 30lbs | 03-14-20 | M |
| DEPENDENT | | | | | | | |
| DEPENDENT | | | | | | | |
| DEPENDENT | | | | | | | |

**PART C**

**MEDICAL HISTORY _ PLEASE LIST ALL MEDICAL HISTORY HERE**
This information is required should an underwriting pre-screening be needed.

| PERSON AFFECTED | CONDITION / DIAGNOSIS | TREATMENTS (SURGERIES/MEDICATIONS) | TREATMENT DATES FROM / TO | CURRENT STATUS |
|---|---|---|---|---|
| Julie Adams | Insomnia | | | |
| Bob Adams | Asthma | Inhaler | Current | Current |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Current Coverage:** Do you currently have a health insurance policy inforce? ☒ Yes ☐ No
**If yes, please provide name of other Insurance company:** BCBS of CT
**Type of coverage:** ☒ Group Plan ☐ Individual ☐ Cobra **Monthly Premium** $2100
**Comments:** Looking to lower my monthly premium