Health Directions
1300 Post Road, Suite 100
Fairfield, Connecticut 06824
www.HealthInsuranceDirections.com

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

CLIENT INFORMATION SHEET

Date: 12/10/25

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

☐ Prospect ☐ Referral _____

PART A

CLIENT INFORMATION

Name (last / first/ middle)	☐ Male ☒ Female	Date of Birth	Marital Status
Jaime O'hulihan		1/12/95	☒ Single ☐ Married ☐ Family
Billing Address(number and street)	**Billing City / State / Zip Code**		
123 Wallaby Lane	Jefferson/CT/06834		
Phone Numbers: Day: Eve: Cell: 511-555-1111		**Email Address** jaime.o@hotmail.com	

PART B

COMPLETE FOR YOU AND ANY FAMILY MEMBERS INTERESTED IN COVERAGE

	FIRST NAME	INITIAL	LAST NAME	HEIGHT	WEIGHT	DATE OF BIRTH	SEX
APPLICANT	Jaime		O'hulihan	66in	120lbs	01/12/95	F
SPOUSE							
DEPENDENT							
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
Jaime O'hulihan	Impacted Molar	Braces	2008 – 2010	No braces

Current Coverage: Do you currently have a health insurance policy inforce? ☐ Yes ☒ No
If yes, please provide name of other Insurance company: _____
Type of coverage: ☐ Group Plan ☒ Individual ☐ Cobra **Monthly Premium** _____
Comments: