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: 03-09-2025

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
Larry Adam David		10/19/1985	☐ Single ☒ Married ☐ Family
Billing Address(number and street)	Billing City / State / Zip Code		
202 W Block Ave	Howard CT 06713		
Phone Numbers. Day: 443-444-3333 Eve: 555-123-9999 Cell: 663-998-8888	Email Address notlarrydavid@gmail.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	Larry	A	David	6'3"	190lbs	10/19/1985	M
SPOUSE	Susan	M	David	5'5"	160lbs	10/4/92	F
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
Larry David	Cancer	Chemotherapy	2013 - 2014	In remission

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** $900

Comments: I have no comment.