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: 01/01/26

Product Interest

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

☒ Prospect ☒ Referral Jane Johnson

PART A

CLIENT INFORMATION

Name (last / first/ middle)	☒ Male ☐ Female	Date of Birth	Marital Status
John Smith		09/17/1990	☒ Single ☐ Married ☐ Family
Billing Address(number and street)	**Billing City / State / Zip Code**		
111 N Gordon Drive	Billings CT 06839		
Phone Numbers: Day: 555-111-1234 Eve: Cell:		**Email Address** j.smith8@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	John [redacted]	M	Smith	5'10"	210 lbs	9/17/1990	M
SPOUSE	Liz [redacted]	Q	Smith	5'3"	140	9/10/92	F
DEPENDENT	Bingo [redacted]	B	Smith	2'2"	50 lbs	12/15/25	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
John Smith	High Blood Pressure		Dec 12th, 2024	

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: