

# Individual Uniform Application

for individual major medical health insurance form

## I. INFORMATION

### Primary Applicant/Insured Information:

First, Middle and Last Name Jane Marie Doe				
Social Security No. 123-45-6789	Place of Birth Chicago	Birth Date 12-12-1982	Gender F	Height 5'8" Weight 160
Residential Address 123 Main Street				
City Chicago	County Cook	State Illinois	Zip Code 60606	
Mailing Address, if different from residential address				
City	County	State	Zip Code	
Home Phone	Alternative Phone		Email (Optional)	
<b>The Primary Applicant is:</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Under the age of 18**  **If primary applicant is under the age of 18, please complete sections – II. C. and V.				
<b>Employment Information:</b> Primary job duties:  Self-Employed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

## II. ADDITIONAL APPLICANTS

A. Please complete ONLY if your spouse and/or children under the age of 27 are applying for coverage. If there is not enough space provided, please attach additional family information.

Spouse Name (First; M.I.; Last)	Gender	Social Security Number	Birth Date (Mo/Day/Yr)	Height Weight	Primary Job Duties (if applicable)