

Individual Uniform Application

for individual major medical health insurance form

I. INFORMATION

Primary Applicant/Insured Information:

First, Middle and Last Name				
Social Security No.	Place of Birth	Birth Date	Gender	Height _____ Weight _____
Residential Address				
City	County	State	Zip Code	
Mailing Address, if different from residential address				
City	County	State	Zip Code	
Home Phone	Alternative Phone		Email (Optional)	
The Primary Applicant is: [] Single [] Married [] Under the age of 18** **If primary applicant is under the age of 18, please complete sections – II. C. and V.				
Employment Information: Primary job duties: Self-Employed: [] Yes [] 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)