

Worksheet:

Knotek & Associates /e-mail: knotekagency1@ureach.com / phone: 1-888-231-2485 / fax: 1-888-231-2096

If you have any questions please call Paul Knotek at the number above.

Customer Name: _____

Residence City & State: _____

Type of work: _____ **Zip Code:** _____

Please quote: HSA / PPO (circle 1 or both)

Deductible: \$

Co-insurance:

Dr. Office co-pay:

Rx Card:

Supplemental Accident: \$ (if available)

Maternity:

Life Insurance: \$

Effective Date: _____

Primary Applicant: _____

M / F.....Age / DOB _____.....Smoker Status: Yes / No.....Height _____ Weight _____

Health Concerns: _____

Medications: _____

Spouse: _____

M / F.....Age / DOB _____.....Smoker Status: Yes / No.....Height _____ Weight _____

Health Concerns: _____

Medications: _____

Child: _____

M / F.....Age / DOB _____.....Smoker Status: Yes / No.....Height _____ Weight _____

Health Concerns: _____

Medications: _____

Child: _____

M / F.....Age / DOB _____.....Smoker Status: Yes / No.....Height _____ Weight _____

Health Concerns: _____

Medications: _____

Child: _____

M / F.....Age / DOB _____.....Smoker Status: Yes / No.....Height _____ Weight _____

Health Concerns: _____

Medications: _____