Professional Skaters Association
Request for Health Proposal

Your Name or Business Name _____

Address _____ **City** _____

State _____ **Zip** _____ **County** _____ **Tax ID or SSN #** _____

Contact Name _____ **Phone #** _____ **Other Phone** _____

Fax (If Applicable) _____ **Email Address** (If Applicable) _____

Nature or Type of your Business (If Applicable) _____

Current Medical Insurance Company _____ **Renewal Date** _____

Deductible Amount _____ **Co-Insurance** _____ **Co-Pay?** _____

Employee $ _____ **Employee/Spouse $** _____ **Employee/Children $** _____ **Family $** _____

****** If you are completing this request for an individual or family please use this box ******

Your Date of Birth _____ **Sex M**____ **F**____ **Smoke? Y**____ **N**____ **Height** _____ **Weight** _____

Spouse Date of Birth _____ **Spouse Smoke? Y**___ **N**___ **Height** _____ **Weight** _____

No. of Dependent Children _____ **Will you need maternity coverage? Y**_____ **N**_____

****** If requesting group insurance for a business, complete the information below for each employee ******

Coverage Types - EE=Employee **E/S**=Employee with Spouse **E/C**=Employee with Children **F**=Family

Will your group require maternity coverage? Y_____ **N**_____

Age	Sex	Coverage Type	Spouses Age	# of Dependent Children
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If your group is larger than seven. Copy this form and fill in only these blanks, write on the back, or attach a list of your own with the requested info.

___ **No** ___ **Yes** **Is anyone currently pregnant?**
___ **No** ___ **Yes** **Any medical claims over $2,500.00 or anyone hospitalized in the past 12 months?**
___ **No** ___ **Yes** **Is anyone currently taking medications?**
___ **No** ___ **Yes** **Anyone with a history of treatment for Diabetes, Heart, Stroke, Cancer, or Disability?**

If yes is checked on any of the items above, please explain!

Associations Marketing Group, Inc.

1112 Maple St. West Des Moines, IA 50265

Local - 515 270-8178 Toll Free - 800 798-6772 Fax - 515 270-0398 Email - mail@amgi-dsm.com Web – www.amgi-dsm.com

The information you supply on this page will be not be shared or sold, and will only be used to help you find health benefits.
Please fill out this form as completely as possible, so we can provide you fast and efficient service.