

**Texas Insurance Exchange (TXIE.com)**

855 Davis Blvd, Ste 600

Southlake, TX 76092

Ph: 817-410-2333

**Fax: 817-251-2424**

HEALTH INSURANCE

(Attach additional information as needed – Fax to 817-251-2424)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/County: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (wk): \_\_\_\_\_

Phone (hm): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	<u>Name of Additional Applicants</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Smoker/Tobacco User</u> <i>(within the last 12 mos)</i>
Spouse	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Insurance Preferred:

- PPO
- HMO

Deductible Preferred:

- \$250
- \$500
- \$1000
- \$2000
- Other: \_\_\_\_\_

Will you need any of the following:

- Maternity
- Prescription Drug Card

Known Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Please list any other information you feel is important and/or relevant to quoting your Life Insurance: \_\_\_\_\_

\_\_\_\_\_