**Paul Goebel Group Individual Health Plan Quote Request**

email to mcarey@goebelgrp.com or Fax 616-454-6549

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_

Regular tobacco use in the past 6 mo.(4X per week or more): Yes or No

If you are on Medicare or will be soon and would like information on Medicare Supplemental or Advantage plan options. Please provide your address and we will mail information regarding plan options in your area:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse**: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_

Regular tobacco use in the past 6 mo.(4X per week or more)? Yes or No

**Dependents:** Name\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_M F

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_ M F

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_M F

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_M F

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_M F

Please circle preferences of coverage: Blue Cross Blues Shield PPO, Blue Care Network HMO, Priority Health HMO, Dental, Vision

Please note HMO's will be less premium

Metal Level Tiers: Gold Silver Bronze Value(available for those under 30 yr.) Dental Vision

Open Enrollment will start 11/1/18-12/15/18, for a Jan. 2019 effective date.