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

Return to Mary Carey email mcarey@goebelgrp.com

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

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

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

**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

 *Please list further dependents on separate sheet*.

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

Please note HMO's are lower premium

The next Open Enrollment will start 11/1 -1/15 or you may qualify for a Special Enrollment Period if you have had a Life event within the past 60 days, such as losing employer coverage or Cobra, a marriage or divorce, birth of a child, moving into the state of Michigan

\_\_\_ Open Enrollment, Effective date: Applications received by Dec. 15th will be a Jan 1st effective date. Applications received between Dec. 16th and Jan. 15th will be a February 1st effective date.

Date of Qualified Life Event \_\_\_\_\_\_\_\_Description of life Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If losing employer group coverage which insurance carrier \_\_\_\_\_\_\_\_\_\_\_\_\_ *Documentation of life event will be required at enrollment such as, loss of coverage letter or certificate, marriage or birth certificate, proof of move to Michigan. Etc.*

If you are on Medicare or will be turning 65 in 2022 and would like information on Medicare plan options, please provide your email address below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_