

INDIVIDUAL HEALTH PRESREEN FORM

Colorado Insurance Counselors, Inc.

5105 DTC Parkway, Suite 400 * Greenwood Village CO 80111

Phone: 303.394.4000 * Fax: 303.860.7855

Please print clearly and return completed form to tim@cocounselors.com

Family Member	Initials	Gender	Date of Birth	Height	Weight	Smoker?
Primary Applicant						
Zip Code of Applicant						

If dependents are applying for coverage, please complete:

Spouse						
Dependent #1						
Dependent #2						
Dependent #3						
Dependent #4						
Dependent #5						

Please complete the following medical information:

Initials of Family Member	Diagnosis/ Condition	Date of Onset	Medication/ Dosage	Details, including current readings

The prescreen response is provided for informational purposes only and is not a final determination of coverage or rates. The prescreen response is not binding and is based only on the information received by the agent. Confirmation or affirmation of the information received through the official carrier underwriting process is necessary for enrollment in individual plans. Upon receipt and review of the application, final acceptance and rates are determined by the carrier.