

Current Client Form

Please email completed forms to rgrimm@rlgfinancialconcepts.com
or fax to 1-888-582-5866



Tell Us About Yourself

Date _____ Date of Birth _____

Name _____

Address of Residence _____

County _____ City _____ Zip _____

Contact Person (if different from above) _____

Best contact information:

Phone _____ Alternate Phone _____

Email _____

Annual Income (voluntary) _____

Please check the following:

I'm interested in a \$0 deductible.

I'm interested in dental & vision.

My insurance need is for the year.

Are you eligible for PACE?

Are you eligible for PACENET?

Do you qualify for Extra Help?

Do you have VA Benefits?

If other family members need health coverage, please refer to the bottom of page 3.

Physician List

We may check to ensure your current doctors participate within the plan that we recommend. Please provide the names of any doctors you see on a regular basis, and please list their specialty and city location.



Which Doctor's Do You See?

Client Name _____ Date _____

Doctor Name	Specialty	Location
.....
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

You are not required to submit medical, drug or physician information. It is entirely voluntary.

Will other family members need health insurance? If yes, please list their names and dates of birth.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____