



Please Include a Quote for the Plan Requested.
Without a Quote, a Pre-Screen Evaluation Cannot be Completed.

INDIVIDUAL UNDERWRITING PRE-SCREEN

Use one form per person. If multiple family members need pre-screen, check here [] and submit together.

Agent Name: Michael P. Caplan Phone Number: 954-975-3677
State Location: Florida Fax Number: 954-975-3484
E-mail: Insurancedepot@aol.com
GA Name: GA Contact Fax:

GENERAL INFORMATION

Proposed Insured's Name: Occupation:
Age: Gender: Height: Weight: Tobacco User: [] Yes [] No
Replacing Prior Coverage? [] Yes [] No Replacing COBRA? [] Yes [] No HIPAA Eligible? [] Yes [] No

MEDICAL CONDITIONS/DIAGNOSIS

Common Conditions: [] Hypertension - provide last reading:
[] Diabetes - provide hbA1c results:
[] Hypercholesterolemia: LDL Reading: HDL Reading: Total:
Other Conditions:

TREATMENTS/MEDICATION (include how often medication is refilled and dosage):

DISCLAIMER:

- Please be advised, this is an estimate based on the information supplied.
This pre-screen is not a guarantee of coverage.
This quote is not intended to replace the medical underwriting process.
Any change in personal or medical information not disclosed may alter this pre-screen.
No commission is paid on HIPAA cases.
Avalon plan choices for HIPAA individuals are limited.

Please fax this request to Avalon Healthcare's Underwriting Office in Tampa at: 813-549-0747

PROPOSED UNDERWRITING ACTION (best case, worst case)

[]
[]
[]

Level 1: 1-15% • Level 2: 16-30% • Level 3: 31-45% • Level 4: 46-60% • Level 5: 61-75% • Level 6: 76-100% • Level 7: 101% +

Underwriter: Date: