



CONFIDENTIAL
 The Client Preliminary Evaluation Form
Do not attach medical records

Complete a separate request for each applicant.

Producer Name: _____ Producer Number _____ Date: 3/19/2007

Applicant's State of Residence: _____ Zip code: _____ Age: _____
 Sex: ***** Ht: _____ Wt: _____ Tobacco Use: ***

1) Choose the combination of desired plan and deductible from the appropriate drop-down lists:

HSA Plans	SINGLE	FAMILY	Important Notes
*****	*****	*****	<ul style="list-style-type: none"> ▪ HSA Saver not available in CT ▪ \$7,500 and \$10,000 deductibles not available in CT on HSA 100
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Copay Plans			
*****	*****		<ul style="list-style-type: none"> ▪ Copay plans not available in AK ▪ Copay 35 only available in FL ▪ Copay 25 only available in CT (Copay Saver not avail) ▪ \$750, \$1,250 and \$2,000 deductibles only available with Copay Saver, except in LA, DE, GA
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Other Plans			
*****	*****		<ul style="list-style-type: none"> ▪ \$500 deductible available in Saver 80 and Basic only ▪ Saver 80 not available in CT ▪ Basic available in CT only ▪ Available in Saver 80 only, in all states except CT, FL, AK

2) Provide Medical History:

Condition/Diagnosis	Date of Onset	Date of last Doctor Visit/Treatment	Medication name/dosage	Current Status

Please provide additional information you would like us to consider

~~~~~ FOR GR USE ONLY ~~~~~

- Would probably be approved at preferred rate
- Would probably be approved at standard rate
- Rider would probably apply for
- Medical records will be required for decision
- Would probably be declined
- Depending on medical records, may be approved
- Depending on medical records, may be subject to rider
- Possibly considered w/high deductible and/or a different plan. Recommended Plan:

Return email address: \_\_\_\_\_ Desk Code: \_\_\_\_\_

36433-0207 This preliminary evaluation of your client is based only on the information you provided on this form. It is only an informal opinion of how the Company might react to a submitted application containing identical information, and is intended to assist you and your client in deciding what health insurance coverage might be appropriate. It is not binding on the Company. It is not a guarantee that coverage will be issued to your client. Final underwriting decisions are based on information on submitted applications and other information we receive during the underwriting process. Everyone has the right to apply for coverage, regardless of vocation or health condition. This evaluation will expire in 45 days.