

Individual Health Prescreen

Date:

Applicant Information

Effective Date: Name: Date Needed:

County: State: Zip Code:

Broker Company: Broker name:

Member	DOB	Gender	Height	Weight	Smoker (Y/N)
Primary					
Spouse					
Dep. #1					
Dep. #2					
Dep. #3					
Dep. #4					
Dep. #5					
Dep. #6					

Medical History

Member	Diagnosis/Date	Medication (dosage/usage)	Details (treatment/status)

Please Note: It is the policy of Arnoff and Associates Inc. that we will not release identifying information (i.e. name, social security number) with any pre-existing conditions unless you are submitting a formal application following our pre-underwriting analysis.