

Clemons Agency, Inc.

324 Commerce Street

Hawkinsville, Georgia 31036

Phone (478)783-1661 Fax (478)783-1660

Company Information Form For Health Insurance Quote

EMPLOYER INFORMATION

LEGAL COMPANY
NAME _____

TYPE OF
BUSINESS _____

PHONE
NUMBER _____

CONTACT
PERSON _____

EMPLOYEE INFORMATION

TOTAL NUMBER OF FULL-TIME
EMPLOYEES _____

NUMBER OF EMPLOYEES ENROLLING FOR HEALTH INSURANCE _____

EMPLOYER PAYS WHAT PERCENTAGE OF PREMIUM _____ Employee _____ Dependents

HEALTH QUESTIONS

Section (A)

YES NO

- Impairment of Sight, Speech or Hearing
- Eyes, Ears, Nose, Throat Head or Brain Disorder
- Disease of Bones or Joints, Arthritis or Rheumatism
- Asthma, Sinus, Nasal, Allergies or Lung Disorder
- High and Low Blood Pressure, Heart Trouble or Vascular Disease
- Spine Condition or Bodily Deformity
- Disease of Bones or Joints, Arthritis or Rheumatism
- Ulcers or Stomach Disorders
- Kidney, Bladder or Prostate Disorder
- Gallbladder, Liver Disorder, or Hepatitis
- Menstrual Disturbances or other Female Disorders
- Hemorrhoids, Intestinal or Rectal Disorder
- Hernia
- Nervous or Mental Disorder
- Fainting Attacks, Convulsions, or Epilepsy

YES NO

- Substance Abuse, Drug or Alcohol Abuse
- Blood Disorder, Anemia, Leukemia, or Hemophilia
- Tumor, Cyst or Cancer
- Is anyone listed currently pregnant, in the process of adoption, or becoming a surrogate mother?
- Aquired Immune Deficiency (AIDS), AIDS related complex (ARC), Kaposi Sarcoma, Pneumocystis Carinii Pneumonia, or Antibodies to Human T- Lymphotropic Virus Type III (HTLV-III)
- Sexually transmitted diseases such as syphilis, gonorrhea, herpes, or genital warts
- Any other medical or surgical advice or treatments, hospitalizations, or chronic or recurring minor ailments
- Do you now or have you ever, or anyone you are applying for, ever used tobacco products?

HEALTH QUESTIONS

Section (B)

Has any person listed on the application:

- Ever been advised to undergo a surgical operation which was not performed?
- Been advised to undergo surgery within the next six months?
- Been refused or had health insurance Cancelled?
- Ever had medical advice, treatment or any Known indications of health problems not mentioned in the questions above?

List below details to questions answered "YES" in Sections A and B.

Person Treated	Name of Illness or Disorder	Treatment Received	From	To

List ALL continuous medications

Family Member	Medication/ Dosage/ Frequency	Illness for which medication is prescribed