

INDIVIDUAL PLANS PRELIMINARY UNDERWRITING REVIEW

1. Please fill out one form per person and provide only the information that is requested. Do not include any additional identifiers. You may fax or email your request.
2. To fax, please complete and print the form, then fax to ~~(317) 715-7072~~.
3. To email, save the ~~completed~~ form with your broker name and a number as the file name (e.g. janesmith1.pdf). Email to ~~prescreen@goldenrule.com~~. Please indicate in the body of the email if you are attaching more than one form.

Broker Information

Name: Steve Shorr Date: _____
 Firm: www.SteveShorr.com
 Address: 1027 W. 11th Street # 3, San Pedro, CA 90731 Email: SteveShorr@cox.net
 Telephone Number: 310.519.1335 Fax Number: 310.519.1359

Applicant Information

Name: _____ Age: _____
 County _____ State ____ Sex: ____ Height: _____ Weight: _____ Number of family members applying: ____
 Current medical coverage?: Yes No If yes, Group Individual Carrier: _____
 Smoker?: Yes No Daily amount?: _____ Currently in Therapy/Counseling?: _____ Yes No
 Plan applying for: _____
 Have you ever been refused or restricted life or health insurance coverage?: Yes No
 If yes, please provide date and details: _____
 Condition(s) – Include date of diagnosis: _____



Medication(s): _____

Response should be: faxed emailed mailed

Home Office Use Only

OK to submit (Acceptance of application is not guaranteed) Decline

Comments: _____

PacifiCare provides a preliminary review as a courtesy to our brokers and applicants, and the results are not available for discussion or review. An applicant, however, will not be accepted for enrollment until a complete application has been reviewed and approved by PacifiCare. If this form is submitted for preliminary review, a copy must be included with the application.

American Medical Security Life Insurance Company provides administrative services for insurance products underwritten by PacifiCare Life and Health Insurance Company.