

Personal Health Plans (PHP)



INDIVIDUAL HEALTH PRE-SCREEN REQUEST

Agent Name:	Agent Number:
E-mail Address:	
Phone Number:	Fax Number:

State:	Deductible:	Rx Benefit:
Plan Type: <input type="checkbox"/> Deluxe	<input type="checkbox"/> Advantage	<input type="checkbox"/> Value
<input type="checkbox"/> Copay	<input type="checkbox"/> Premier	<input type="checkbox"/> HDHP

Applicant's Name:	Age:	Gender:
Occupation:	Height:	Weight:
		Tobacco Use:

Spouse's Name:	Age:	Gender:
Occupation:	Height:	Weight:
		Tobacco Use:

Diagnosis/Medical Conditions

Treatment/Medications

Proposed Underwriting Action

Best Case:	
Worst Case:	
Underwriter:	Date:

Disclaimer:

- Please be advised this is an estimate based on the information supplied
- This is not a guarantee of coverage
- This pre-screen is not intended to replace the medical underwriting process
- Any demographic change and medical information not disclosed may alter this prescreen

Please fax this request to the IHC Health Solutions Underwriting Department in Whitewater, WI

Fax: [602-674-9015](tel:602-674-9015) Email: UWInd_Wisconsin@iacusa.com