

TIME INSURANCE Individual Medical Quote Request
Lawrence S. Brodsky Agency
865 E. Wilmette Rd., Unit I, Palatine, IL 60074
847 991-8040 or 800 347-0747 outside Chicago area
Request for Individual Health Quote
Fax Request to: 847 991-0152 or e-mail info@brodskyagency.com

Primary: _____ Age: _____ M F Smoker N or Y

Spouse: _____ Age: _____ M F Smoker N or Y

of Children _____ Zip Code: _____

Any Medical
Conditions? _____

Agent Name: _____

Agent Phone: _____ Agent Fax# _____

Agent Email Address: _____ Effective Date: _____

Please circle choices:

***RIGHTSTART** Ded options: \$1000 \$2500 Coinsurance: 50% or 75%

Annual out-patient max : \$2,500 - \$5000 - \$10,000 Rx: 2,000 50,000 100,000 250,000

Annual Max: \$50,000 \$100,000 250,000

Plan Design: Value Plan PPO x-Tra

Deductible: \$1000 - \$1500 - \$2500 Co-Insurance: 50% - 80%

Rx Ded: \$250 - \$500

HEALTH SAVINGS ACCOUNT (HSA) options: \$1,600 2,100 2600

Suite Solutions: Secure Solutions _____ Select Solutions _____

Do you need a Short Term Medical Quote ?