

Insurance Strategy, Inc. - Individual Medicare Information Sheet

Prospect Information:

Name:			
Address:			
City:	State:	Zip Code:	County:
Best Number to Call:		<input type="checkbox"/> Home	<input type="checkbox"/> Cellular <input type="checkbox"/> Work
E-mail address:			
Do you have current Medicare coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Medicare Coverage Needed:	<input type="checkbox"/> Advantage Plan <input type="checkbox"/> PDP <input type="checkbox"/> Supplement

Family Code:	Name: (Last, First, MI)	Date of Birth (MM/DD/YY)	Gender M / F	Tobacco Use Yes/No
Primary			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agents at Insurance Strategy, Inc are independent brokers. We offer a wide variety of coverage through several different carriers. Please circle the coverage below you are interested in receiving quotes on.

Dental
 Life Insurance
 Vision



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