

Individual Health Questionnaire

Some important things to consider when interested in individual health coverage

- 1.) Are you currently covered? If yes, what type of coverage do you currently have and how long do you expect to have it?**
- 2.) Are you interested in temporary or permanent coverage? (Less than 1 year or more)**
- 3.) Are you applying for individual or family coverage? If family, what are the ages of your dependents?**
- 4.) What medical conditions do you currently receive treatment for? What types of medications do you and your dependents take?**
- 5.) What level of deductible are you comfortable with? How much money are you comfortable being at risk for in the event of an emergency?**
- 6.) List any other concerns or issues you may have.**