

Please fax to PacifiCare Individual Underwriting Department (714) 226-2119

BROKER INFORMATION

Name: _____ Date: _____

Firm: _____

Telephone Number: _____ Fax Number: _____

APPLICANT INFORMATION

Name: _____ Age: _____

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

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 to: _____

or mailed to: _____

UNDERWRITING ACTION

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

Comments: _____

Underwriter: _____ Date: _____

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.