



**Professional Skaters Association**  
**Individual Request for Health Proposal**  
*Fax or Mail completed form to Associations Marketing Group, Inc.*

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Phone # \_\_\_\_\_ Phone Type \_\_\_\_\_ Other Phone \_\_\_\_\_ Phone Type \_\_\_\_\_  
 Fax (If Applicable) \_\_\_\_\_ Email Address (If Applicable) \_\_\_\_\_

Current Medical Insurance Company \_\_\_\_\_ Renewal Date \_\_\_\_\_  
 Office Copay \_\_\_\_\_ Deductible \_\_\_\_\_ Coinsurance \_\_\_\_\_ Rx \_\_\_\_\_  
 Your Current Premium is \$ \_\_\_\_\_ per  Month  Quarter  Semi-Annually  Annually  
 Your Current Coverage is  Single  Plus Spouse  Plus Children  Family

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender M\_\_\_ F\_\_\_ Tobacco past 12 mos? Y\_\_\_ N\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Spouses DOB \_\_\_/\_\_\_/\_\_\_ Gender M\_\_\_ F\_\_\_ Tobacco past 12 mos? Y\_\_\_ N\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Number of Dependents \_\_\_\_\_ Gender & Age of Dependents \_\_\_\_\_  
 Need maternity coverage? Y\_\_\_ N\_\_\_  
 Please list below the Doctors & Hospitals you prefer to use \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No  Yes Is anyone to be insured currently disabled, hospital confined or pregnant?  
 No  Yes Does any person to be insured have a history of allergies, asthma, cancer, diabetes, heart ailment, high blood pressure or stroke?  
 No  Yes Has any person to be insured had any diagnosis, treatment, hospitalization or prescribed medication in the past 24 months?  
 No  Yes Has anyone ever been declined, ridered or rated up for medical, life or disability insurance?

If yes is checked on any of the items above, please explain.

**Other Insurance Products**

Long Term Care  Annuities  Term Life  Dental  Vision

Please check the boxes to see proposals for other insurance products.

**Associations Marketing Group, Inc.**  
 1112 Maple St. West Des Moines, IA 50265

Local - 515 270-8178 Toll Free - 800 798-6772 Fax - 515 270-0398 Email - mail@amgi-dsm.com Web - www.amgi-dsm.com

The information you supply on this page will be not be shared or sold, and will only be used to help you find health benefits.  
 Please fill out this form as completely as possible, so we can provide you fast and efficient service.