

## Qualification Worksheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age Primary \_\_\_\_\_ S/NS

Age Spouse \_\_\_\_\_ S/NS      Number of Kids \_\_\_\_\_

....and you said you currently (don't) have health insurance.....

YES	NO
Did you purchase this plan prior to March of 2010?	How long has it been since you have had insurance?
What's the reason you are shopping for new coverage?	Why are you looking now?
???? (ie how much did it increase, etc.)	Is it the cost?
Have you filed many claims?	Have you done some research on what things cost these days?
How did it pay?	If you could come up with the perfect plan, what could you afford each month?
Is there anything else you're not happy with?	_____
And you said your current carrier is...	

Could you tell me what **prescriptions** anyone takes...

How about any **pre-existing** conditions in the past 5-10 years, like major surgeries or illnesses such as cancer, heart conditions, obesity, anything you can think of...

Your **monthly premium** is \_\_\_\_\_ OK...and what would you say your **budget** is...

Are you hoping to have coverage for things like **dental, vision, disability, life**?

Have you had the chance to look at some different plans? Seen anything you liked so far?

**GO TO CONCEP STEP**..."Great, well let me tell you a little bit about myself and we'll see if I can help..."