Request to quote
Individual Health Insurance

Bernhard Insurance Group
Kirk Bernhard
kirk@bkbernhard.com
p 419.474.8340
f 866.505.8622

Referring Agent: _____

Date: _____

Name: _____ Gender: ____Phone: _____

Address: _____ County: _____

City and State: _____ Zip Code: _____

Primary:_____Date of Birth _____ Gender _____ Tobacco User: ☐ Yes

Spouse: _____Date of Birth _____ Gender _____ Tobacco User: ☐ Yes

Child: _____Date of Birth _____ Gender _____ Tobacco User: ☐ Yes

Child: _____Date of Birth _____ Gender _____ Tobacco User: ☐ Yes

Child: _____Date of Birth _____ Gender _____ Tobacco User: ☐ Yes

Email address: _____

Annual Household Income (MAGI): _____ (Needed for Subsidy on exchange quotes)

Individual's Occupation: _____ Self Employed? ☐ Yes ☐ No

Do you have insurance currently? _____If so, name of carrier_____

When will coverage end?: _____

What is your deductible? _____ Premium _____

Desired Deductible _____ ☐ H.S.A plan design interest

Please circle if interested in any of the following: ☐ Vision ☐ Dental

Does spouse have Group Healthcare available? ☐ Y ☐ N Employee Cost Dependent Cost

Physicians/Facilities you would like access to:

Doctor/Facility Name: _____ Specialty _____Address _____

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Please return form to Kirk Bernhard at:
Kirk@bkbernhard.com or fax to 866.505.8522.