COMPRO a division of GTA insurance group

Individual Health Insurance Data Collection Form

First & Last Name _____

Street Address (Permanent Residence)_____

City_____ State _____ Zip _____

Best phone number to reach you_____

Email address_____

Person(s) to be covered		Gender	Date of Birth (month, day, year)	Tobacco (Yes or No)	Zip Code
	Self				
	Spouse				
	Child				
	Child				
	Child				
	Child				
	Child				

At time this info is being collected, are we outside of the open enrollment dates (Nov. 1 – Dec. 15)? Yes or No

If yes, did you lose coverage within the last 60 days? Yes or No Date coverage was lost _____

Current Health Insurance Carrier_____

Do you have access to an Employer Sponsored Group Health Plan? Yes or No

Notes:

Need assistance with this? Contact ComPro at (402) 488-5100 and we'll be happy to help!
For more info about ComPro, visit our website at comproins.com.