



PRE-APPOINTMENT QUESTIONNAIRE (Medicare Eligible)

Our Health insurance agent/consultants can better serve you if they know certain basic information. Please complete and bring this form with you for your first appointment.

Name: _____ Gender M F Date of Birth _____

How did you hear about The Rauser Agency: _____

Primary Home address including Zip Code: _____

County: _____ Telephone No.: _____

Email Address _____

Spouse: _____ M F DOB: _____ Smoker: Yes No

Current Coverage: _____ Coverage End Date: _____

Plan Design-Current: _____ Plan Design for Quotes: _____

Doctor, Clinics, Hospitals that you would want in your network: _____

Do you spend any time other than vacation outside of South Eastern WI? Yes No

If so where: _____

Do you have a Primary Care Doctor there during that time? Yes No

If yes, name and location: _____

Would you be willing to changes doctors for the lowest possible premium? Yes No

Other coverages I might be interested in learning more about:

- Dental
- Vision
- Accident/Critical Illness Plans
- Life
- Disability Income
- Long-term Care
- Medicare Supplement
- Part D & Advantage Plans
- Travel Insurance
- Pet Insurance

THREE EASY WAYS TO FIND US

MEQUON
Mequon Pavilions Shopping Center
10938 N. Port Washington Road
Mequon, WI 53092 • 262.236.6950

ONLINE
www.TheRauserAgency.com

DOWNTOWN MILWAUKEE
Four Eleven East Wisconsin Center
411 E. Wisconsin Avenue, Suite 150
Milwaukee, WI 53202 • 414.276.2700