



PRE-APPOINTMENT QUESTIONNAIRE

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: _____

Home address including Zip Code: _____

County: _____ Telephone No.: _____

Email Address _____ Smoker: Yes No

Other family members to be covered under your plan (provide full name, gender & smoker status)

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

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

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

Child: _____ 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: _____

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

Other coverages I might be interested in learning more about:

- | | |
|---|--|
| <input type="checkbox"/> Dental | <input type="checkbox"/> Long-term Care |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medicare Supplement |
| <input type="checkbox"/> Accident/Critical Illness Plans | <input type="checkbox"/> Part D & Advantage Plans |
| <input type="checkbox"/> Life | <input type="checkbox"/> Travel Insurance |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Pet Insurance |
| <input type="checkbox"/> Health Savings Accounts | |

THREE EASY WAYS TO FIND US

MEQUON

Mequon Pavilions Shopping Center
10938 N. Port Washington Road
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ONLINE

www.TheRauserAgency.com

DOWNTOWN MILWAUKEE

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