When completed please click on the email button at the bottom of the page to send this form to Rob Kayser or print and fax to 210-738-1093.

Contact Information	
Name	
Address	
City, State, Zip	
Phone	
email address	

Proposed Insured	Date of Birth	Smoker	Height	Diabetic	Insured Now	Medicare
Applicant		☐	ft in	☐	☐	☐
Spouse		☐	ft in	☐	☐	☐
Child		☐	ft in	☐	☐	☐
Child		☐	ft in	☐	☐	☐
Child		☐	ft in	☐	☐	☐

Is anyone taking prescription medications? ☐ Yes ☐ No

If yes, please list the prescriptions for each individual below:

For Individual / Family Health Insurance

Higher Deductibles = lower premiums I am interested in:

☐ $500 deductible ☐ $1,000 deductible ☐ $2,500 deductible

☐ $5,000 deductible ☐ High Deductible Health Savings Account

I need coverage for visits to the doctor per person each year

I am also interested in: ☐ Life Insurance/Final Expense ☐ Dental /Vision Ins. ☐ Cancer Ins. ☐ Other