



HOME OFFICE
1538 Howard Access Road
Suite C
Upland, CA 91786

Family Health Fact Finder

Primary Insured Name: Phone #:

Address: City: Zip:

DOB: Sex: M F

Do you currently have health insurance? Yes No If yes, with whom:

Type of coverage you are interested in: Health Dental Vision

Table with 5 columns: #, Dependent's Name, Sex, DOB, Relationship. Rows 1-7.

Names of providers/doctors that you would prefer to be in your network:

Two horizontal lines for entering provider names.

Any other information/concerns/major health problems:

California License #0C66703
Nevada License #18521
Arizona License #186848
Utah License #253895

Multiple horizontal lines for entering additional information.