

# AvMed Individual Health Applicant Pre-Screening Form For Agent Use

**From:** \_\_\_\_\_ **To:** Individual Medical Underwriting Department \_\_\_\_\_  
**Agent Name** **Date**

**Instructions and Disclaimer:** Complete the section below with the Applicant's medical history. Send the form to the Individual Medical Underwriting Department at [individualsales@avmed.org](mailto:individualsales@avmed.org) or to the Agent Sales Center at [agentsupport@avmed.org](mailto:agentsupport@avmed.org). **You can expect to receive a response from the underwriting department within 2 business days.** The information on this form will be used only to pre-screen the Applicant. **A response from the Individual Medical Underwriting Department is not a guarantee of coverage.** The Applicant must complete and submit an Application for Individual Coverage that will be used by the underwriting department to determine the Applicant's eligibility for coverage, and if appropriate, to extend a formal offer of coverage.

## Applicant(s) Information Completed and Submitted By Agent

Applicant Name	Age	Gender (M or F)	Height (Inches)	Weight (Lbs)	Smoker (Y or N)	Current Diagnosis or Condition	Date First Diagnosed	Medication Currently Taken	AvMed Plan Option Requested	AvMed Rx Option Requested

**Additional Agent comments or remarks:** \_\_\_\_\_

## For Underwriter Use

Applicant Name	AvMed Plan Option Offered	Underwriting Action	Counter-offer Plan	Underwriting Action	Underwriter/Date

**Underwriter comments or remarks:** \_\_\_\_\_