

AvMed Individual Health Applicant Pre-Screening Form For Agent Use

From: _____

Agent Name

To: Individual Medical Underwriting Department

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 or to the Agent Sales Center at 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 |
|----------------|-----|-----------------|-----------------|--------------|-----------------|--------------------------------|----------------------|----------------------------|-----------------------------|---------------------------|
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Additional Agent comments or remarks: _____

For Underwriter Use

| Applicant Name | AvMed Plan Option Offered | Underwriting Action | Counter-offer Plan | Underwriting Action | Underwriter/Date |
|----------------|---------------------------|---------------------|--------------------|---------------------|------------------|
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Underwriter comments or remarks: _____