



KAMM INSURANCE GROUP

WILLIAM J KAMM & SONS MYERS-BRIGGS & COMPANY

7N024 MEDINAH ROAD P.O. BOX 129 MEDINAH, IL 60157 P 630-980-5000 F 630-980-2425

WWW.KAMMGROUP.COM

Individual Health Insurance Application

Please return this form to: Dan McNair P 630-980-2111 F 630-980-2411 E health@kammgroup.com

Contact Information

Name Spouse's Name Address City State ZIP Code Phone Email

Health Information

Individual's Date of Birth Spouse's Date of Birth Smoker Yes No

Children

Name Date of Birth

Health Conditions

Individual health is not a guaranteed issued policy—therefore it is important to let us know about any health conditions, medications and hospitalizations so that our agency can get you the best coverage. Please disclose any health conditions:

Blank lines for health conditions

Insurance Information

Deductible (check those that apply) \$250 \$500 \$1,000 \$2,500 \$5,000 HSA

I am interested in: Drug Card Doctor's Office Co-Pay Maternity Individual Dental Term Life

We take your privacy seriously and any information here is confidential and used exclusively between Kamm Insurance Group and the individual health insurance carrier.