

### 2023 Consultation Questionnaire

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tobacco User: Yes or No

Dependents to be covered under Members application:

	Name	Date of Birth	Tobacco User?
Spouse:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

Please indicate any Hospital/Doctor Networks below that you prefer In-Network on your plan:

\_\_\_ BJC (includes but not limited to Barnes, Christian, St. Louis Children's, Missouri Baptist, Progress West)

\_\_\_ SSM (includes but not limited to St. Mary's, DePaul, Cardinal Glennon, St. Clare, St. Joseph (West))

\_\_\_ Mercy

\_\_\_ Other: \_\_\_\_\_

\_\_\_ No Preference

Please list names, specialty, and location of any physicians required In-Network on your plan:

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Please list medication names and dosage for anyone enrolling on the plan:

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The following information is helpful for comparison:

Current Insurance Carrier: \_\_\_\_\_ Current & Renewal Premium: \_\_\_\_\_

Current Plan Design (Name or Deductible/Co-Insurance): \_\_\_\_\_

Would you like to see quotes on any of the following options?

Dental                       Vision                       Life  
 Accident/Critical Illness/Cancer/Disability                       Homeowners/Car Insurance

Preferred Consultation Time  
Please indicate preferences below:

Consultation Preference: In-Person Meeting OR Virtual Meeting

Day of Week: M T W TH F SAT SUN                      Time: Morning Afternoon Evening

Time: Morning-8:30am-11:30am, Afternoon-12:00pm-4:00pm, Evenings-5:00pm-7:00pm

Consultations will take place November 3<sup>rd</sup> - December 15<sup>th</sup> for a January 1<sup>st</sup> effective date.  
Due to the extension of Open Enrollment, individuals may enroll between December 16<sup>th</sup> – January 15<sup>th</sup> for a February 1<sup>st</sup> effective date.

\*Limited Evening and Weekend appointments available