

**2022 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