



**Metro Insurance Services**  
 17421 Irvine Blvd. • Tustin, CA 92780  
 p. 800.640.4430 • f. 714.573.7202

## Individual and Family Health

Your Name: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

All items must be completely full. If you have any questions regarding this form, please call us at (714) 573-7200. This form is available online at [metroinsurance.com](http://metroinsurance.com).

### 1. Current occupational status:

- Employed       Self Employed       Student  
 Unemployed       Child

2. Job Title: \_\_\_\_\_

Office employee only

Employer's Specific Industry: \_\_\_\_\_

2. Spouse's Job Title: \_\_\_\_\_

Office employee only

Employer's Specific Industry: \_\_\_\_\_

### Benefit Information

Maternity, Rx Card and Supplemental Accident will always be quoted if available as options.

Desired Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Deductible:     \$0-250     \$250-500     \$500     \$1000+

### Health Information

1. Are you currently pregnant?     Yes     No      Delivery date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Significant Medical History: \_\_\_\_\_

### Census Information

	Gender	Age or DoB	
Insured			
Spouse			
Child #1			<input type="checkbox"/> Full-Time Student
Child #2			<input type="checkbox"/> Full-Time Student
Child #3			<input type="checkbox"/> Full-Time Student
Child #4			<input type="checkbox"/> Full-Time Student

• For best rate, list younger spouse as "Insured" and older spouse as "Spouse."  
 • If a child if over 18, and attending school full time, be sure to check the box below.

**Fax this form to us at 714.573.7202**