

# DATA COLLECTION FORM

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ (group only)

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Date of birth \_\_\_\_\_ (individual only)

**\*Additional members on same contract: Need names and Dates of Birth\***

Smoke - (Circle One) Yes or No (individual only)

Current Coverage? \_\_\_\_\_ With Who? \_\_\_\_\_

Current Deductible \$ \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LK Referral Agent \_\_\_\_\_

Referral Date \_\_\_\_\_

**Instruct the client they must contact:**

**Under 65** contact Jaci Lydon 610.258.9181 x116 jlydon@kwmmail.com

**Over 65** contact Kevin Keefe 610.258.9181 x118 kkeefe@kwmmail.com