

# Let's Insure

## Individual Health Insurance Form

Tel: (877) 851-7867, Fax: (888) 414-8280, [Info@LetsInsure.org](mailto:Info@LetsInsure.org)

Date:

| Primary Insured       |                    |               |                  |
|-----------------------|--------------------|---------------|------------------|
| First Name            | Last Name          | Date of Birth | Gender           |
|                       |                    |               | Male      Female |
| Household Information |                    |               |                  |
| Address               | City               | State         | Zip              |
| Phone Number          | Other Phone Number | Email         |                  |