



AMS BENEFITS, INC.

A wholly-owned subsidiary of the Arkansas Medical Society

Individual Health Insurance Proposal Request

Questions? Please Call

Office: 501-224-8967 Toll Free: 1-800-542-1058 Fax: 501-224-6489

Please either fax your request or e-mail it to amsbenf@arkmed.org

Name: _____ Contact Number: _____

Date of Birth: _____ Gender: _____ State of Residence: _____

Spouse Name: _____ Date of Birth: _____

Any Adverse Health History: _____

Tobacco User: Yes: _____ (Type: _____) No: _____

Dependents

Gender: _____ Date of Birth: _____

Gender: _____ Date of Birth: _____

Please Quote

Deductible:

\$500 _____ \$1000 _____

\$2500 _____ \$5000 _____

Type of Plan Desired:

PPO _____

HSA _____

Primary Care Co-Pay ___yes ___no

Specialty Co-Pay ___yes ___no

Maternity ___yes ___no

Dental Insurance ___yes ___no