

MN/WI Individual & Family Health Insurance Fact Finder

Name	_____		
Firm Name	_____		
Address	_____		
City	State	Zip	_____
Phone	Email	_____	
Request from:	FNIC Advisor	Broker	
Current ANB Agent/Broker:	Yes	No	

Client Information:

Primary		Spouse	
Name	_____	Name	_____
Date of Birth	_____	Date of Birth	_____
Tobacco	Yes No	Tobacco	Yes No
Children:			
Name	_____	Name	_____
Date of Birth	_____	Date of Birth	_____
Name	_____	Name	_____
Date of Birth	_____	Date of Birth	_____
Address	_____		
City	State	Zip	_____
Phone	Email	_____	

1. What insurance do you currently have?

2. What plan features that are most important to you and your family?

3. Please note any significant medical conditions below

4. Due date for quote/comments

Return completed Fact Finder to Kathryn Gigler at Kgigler@AdvisorNet.com or fax to 612-313-7516 attn: Kathryn.
Medicare Referrals: Please have your clients call Kathryn Gigler at 612-436-3787 or email Kgigler@AdvisorNet.com for assistance. AdvisorNet Benefits cannot initiate these calls.