



SOLO Preliminary Underwriting Review

If you submit this completed form, Rocky Mountain Health Plans will provide a preliminary underwriting review. This review does not ensure acceptance into the plan. A complete application must be submitted and approved for an applicant to be enrolled in the SOLO Health Care Plan. If you request a preliminary review, a copy of this form as it was returned to you must be included with the application for enrollment. **Please fax this completed form to the Solo Sales Team at 970-244-7992 or mail to:**

**Rocky Mountain Health Plans
Attn: SOLO Sales Team
PO Box 10600
Grand Junction, CO 81502-5600**

Broker Information

Name	Date	Agency
Telephone	Fax	

Applicant Information

Name	Age	<input type="checkbox"/> Female <input type="checkbox"/> Male	Height	Weight
Telephone				

RMHP response should be faxed to: _____
or mailed to: _____

Current medical coverage? Yes No If yes, Insurance Carrier: _____
Tobacco Use? Yes No How many alcohol drinks per week? _____ Currently in Therapy/Counseling? Yes No
Have you ever been refused or restricted life or health insurance coverage? Yes No
If yes, please provide date and details: _____
Conditions/injuries in the past five years — include dates and diagnoses:

Medications: _____

I agree with the information provided above.
Applicant's Signature: _____

Underwriting Response

OK to Submit (*acceptance of application is not guaranteed*) Decline

Comments: _____

Underwriter	Date
-------------	------