Fax Order Form

for Insurance Agents

Agent's Name _____ Agent Code _____ Agent's Phone _____

Insurance Company _____ Home Office _____

Type(s) of policies applying for (choose multiple if applicable):

☐ Life ☐ Health ☐ Disability

☐ Long Term Care ☐ Critical Care

Amount of Coverage _____ Policy Number _____

Applicant's: First Name _____ Last Name _____

Date of Birth _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

What requirements are needed? _____

_____

Mailing Instructions _____

Are there any special requirements? _____

Appointment Time & Date _____ Completion Date _____

Exam to be completed at (choose one):

◯ Applicant's Home ◯ Business ◯ Our Office ◯ Agency's Office

Note to Agents: To make this form even simpler we have made it so you can fill in the form right here in the PDF. When you're done save the form and send it to us by **email**. Our email address is found to the right of this paragraph.

Of course, you can still fax it to us. The number is also to the right.

Thank you for choosing TestPoint Medical.

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