



Nationwide[®]
Health Plans

Individual New Business Pre-Screen

Name of Applicant		
Number of Dependents	Current Carrier	Insured with NHP <input type="checkbox"/> Yes <input type="checkbox"/> No
Producer	Phone Number	Fax Number
<input type="checkbox"/> PPO Plan (90/70) <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> PPO Plan (80/50) <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> PPO Plan (70/50) <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> HSA Plan (100/50) Plan I <input type="checkbox"/> Plan II <input type="checkbox"/> Plan III <input type="checkbox"/> Plan IV <input type="checkbox"/> <input type="checkbox"/> Medicare Supplement Plan _____ <input type="checkbox"/> Lifestyle Plan <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$3,500 <input type="checkbox"/> Generic <input type="checkbox"/> 3 Tier	

Medical Conditions

Applicant			
Male <input type="checkbox"/> Female <input type="checkbox"/>	Age	Height	Weight
Specific Diagnosis and Date of Onset			
Dates of Treatment and Date of Full Recovery			
Current Medication and Dosages			

Dependents (Attach additional sheets as needed)			
Male <input type="checkbox"/> Female <input type="checkbox"/>	Age	Height	Weight
Specific Diagnosis and Date of Onset			
Dates of Treatment and Date of Full Recovery			
Current Medication and Dosages			

General Concerns and Questions

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Underwriting Response

<input type="checkbox"/> Standard <input type="checkbox"/> Waiver – See Notes <input type="checkbox"/> Decline <input type="checkbox"/> Medical Records Needed <input type="checkbox"/> Alternative Plan		
	UW	Date

Please fax your response to 614-854-3872 Attn: Medical Underwriting

Indications resulting from this sheet are based only on the information provided and are subject to change based on a signed, completed application and any additional information provided or not disclosed. If you are submitting this case, please include a copy of this form and our response with the complete application. This response is not a guarantee that the application will be approved.