



Palmetto Risk Solutions, LLC

Matt Newton: 864-593-5358
mnewton@palmettorisksolutions.com

301 Enterprise Dr.
Easley, SC 29642
O: 864-438-1844
F: 888-499-2554

Health Enrollment Form

Client Information

Name: _____

DOB: _____

Social Security #: _____

Address: _____ City: _____ Zip: _____

Phone: _____ County: _____

E-mail address: _____

Tobacco/Non-Tobacco: _____

Employer: _____

Gross *Household* Annual Income: _____ Number of people in Family: _____

Primary Care Physicians: _____

Dependents

Applying for insurance: yes / no

Name: _____

DOB: _____ Tobacco / NT

Social Security #: _____

Dependents

Applying for insurance: yes / no

Name: _____

DOB: _____

Social Security #: _____

List any additional dependents on the back of this sheet

*Group + Individual Health / Business / Auto / Homeowners
Life / Disability / Medicare / Long Term Care / 401k + IRA Rollovers*

Additional Dependents:

Dependents

Apply for insurance: yes / no

Name: _____

DOB: _____

Social Security #: _____

Dependents

Apply for insurance: yes / no

Name: _____

DOB: _____

Social Security #: _____

Dependents

Apply for insurance: yes / no

Name: _____

DOB: _____

Social Security #: _____

Dependents

Apply for insurance: yes / no

Name: _____

DOB: _____

Social Security #: _____