



Medicare Insurance Quote Request

Please fax request to (888) 238-8154
or email info@westlandinc.com

Proposed Insured
Name (First, MI, Last)

- Male
 Female

Age or Date of Birth

Zip Code

Additional Insured
Name (First, MI, Last)

- Male
 Female

Age or Date of Birth

Zip Code

Requested Plan of Insurance

Medicare Supplement

Medicare Advantage

Health Classification

Non-Smoker

Standard

Smoker

Preferred

Additional Information

Primary Doctor's Name

Agent Information

Name

Phone Number

Email Address