

Kid-Millionaire

General Information

Name _____

Birthday _____ Age _____

Height _____ Weight _____

Health Concerns

High Blood Pressure, Heart Attack, Stroke, Cancer, Diabetes, High Cholesterol,
DUI/Substance Abuse, Any Surgeries or Diseases, Accidents in the Past 10 Years

Medications

Monthly Investment

Example: \$50, \$100, \$150, \$200, \$300+ — The more that is invested the better it will perform.

Doctor Information

Name of Doctor _____

Address _____

Phone _____

Date of Last Visit _____ Reason _____

Parent Information

Name of Parent _____

Amount of Coverage on Parent _____

Needed for Application

 Social Security Number, Bank Account Info

Social Security Number _____

KM-FM_10_21-05_Child-Insurance-Form

Bank Account Info _____