

# Short-Term Health Insurance Application Fact Find

## 申請臨時短期醫療保險事實申報



If apply for Travel Insurance (to visit USA), provide current home address and phone # of your country.  
 如果申請旅行醫療保險(訪問美國), 請提供您所在國家/地區目前的家庭住址和電話號碼, 以及您的微信代碼, 它也可在美國使用. 全部用英文填寫. 我們的微信代碼是 HenryHu-US

**Health Insurance Providers List:**  
 - Providence  
 - Kaiser  
 - Blue Cross  
 - United Health  
 - IMG, ..., etc.

Home address 家庭住址 \_\_\_\_\_  
 Home phone # 電話號碼 \_\_\_\_\_ Cell/Work 手機 \_\_\_\_\_  
 Email address 電子郵件 \_\_\_\_\_

Name	Birthday (m-d-yy)	Relation	Gender (M / F)	Height (x'x" = x.x) (foot ' inch ")	Weight (pound, lb.)	US-Citizen/ Greencard # / Passport #-this # is required.	Serious illness? (Yes / No) Smoking?
姓名(用英文) (列出全家每個人, 要與證件上的一致)	生日 (月-日-年)	家庭關係	性別 男/女	身高 (英制: 尺, 寸) 1 尺=12 寸 1 寸=2.54cm	體重 (英制: 磅) 1 斤= 1.1 磅 1 磅=454 克	美國公民 / 綠卡 號碼 / 護照號碼 (申請旅行保險, 請提供護照號碼)	已經患有 嚴重疾病 (Yes, No) / 抽煙? Y/N
		Self 自己					

### Sample Data Entry 輸入數據樣例

Yinhong Zhang	6/15/69	Self	F	5.6	107	EB700xxxx, CHN	No, N
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Note(說明): if have serious illness, provide person's name and the illness. 如果患有嚴重疾病, 請提供患者姓名和病名  
**Yes/No** (had within 5 years / on going): cancer, blood disorder, drug abuse, liver disorder, kidney disorder, diabetes, emphysema, heart disorder, HIV. Or in pregnancy, adopting. (Name: \_\_\_\_\_ Illness: \_\_\_\_\_)  
 請選擇 **Yes/No**, 如果5年內曾治療過, 或者現在有: 血液病, 吸毒, 肝病, 腎病, 肺氣腫, 結腸潰瘍, 糖尿病, 心臟病, 癌症, 艾滋病; 或者正在懷孕/收養小孩。(患者姓名 \_\_\_\_\_ 病名 \_\_\_\_\_)

**Tips:** Use your cell phone to take pictures of documents and email the pictures to us: [hwu475@gmail.com](mailto:hwu475@gmail.com).  
 溫馨提示: 使用您的手機給所有文件拍照, 並通過電子郵件將照片發送給我們: [hwu475@gmail.com](mailto:hwu475@gmail.com)

**Agreement:** I am \_\_\_\_\_ (print name 填寫您的姓名). I agree to provide my family personal data (birthday, weight, height, etc.) for Henry Hu Agency to assist me to apply for health insurance. I know all short-term plans are different from the ACA (Obamacare) plans and I agree to take responsibility for data I provided. Henry Hu Agency will keep the data confidential for applying insurance only and protect privacy of all applicants.

Applicant signature \_\_\_\_\_  
 (申請人簽字)  
 Date \_\_\_\_\_  
 (日期)

**Henry Hu** Insurance agent with FFM and Farmers  
 - 讓我們來幫您申請臨時短期醫保, 省時又省錢  
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