



# HEALTH INSURANCE FOR REALTORS®

Exciting new options managed through our preferred partner  
Associations Marketing Group, Inc

New Group Health Insurance Plans offered by Medical Associates

Provider Network is MercyOne and their affiliates

Approximately 75% of the state is covered by one of these new  
plans

11 different types of plans with a traditional co-pay

4 Health Savings Account plans

For Additional Information please call 800-798-6772, or fill out the  
request form and email to [Leepatton@amgi-dsm.com](mailto:Leepatton@amgi-dsm.com).



**Expertise in Health Benefits.**

# Iowa Association of REALTORS

## Group Request for Health Proposal

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone Type \_\_\_\_\_ Other Phone \_\_\_\_\_ Phone Type \_\_\_\_\_  
Fax (If Applicable) \_\_\_\_\_ Email Address (If Applicable) \_\_\_\_\_

Current Medical Insurance Company \_\_\_\_\_ Renewal Date \_\_\_\_\_  
Office Copay \_\_\_\_\_ Deductible \_\_\_\_\_ Coinsurance \_\_\_\_\_ Rx \_\_\_\_\_  
Your Current Premium is \$ \_\_\_\_\_ per Month Quarter Semi-Annually Annually  
Your Current Coverage is Single Plus Spouse Plus Children Family

Primary Name _____	Date of Birth ____/____/____	Gender M ___ F ___
Spouse Name _____	Date of Birth ____/____/____	Gender M ___ F ___
Child Name _____	Date of Birth ____/____/____	Gender M ___ F ___
Child Name _____	Date of Birth ____/____/____	Gender M ___ F ___
Child Name _____	Date of Birth ____/____/____	Gender M ___ F ___
Child Name _____	Date of Birth ____/____/____	Gender M ___ F ___
Additional Information _____		
_____		
_____		

Other Insurance Products		
IAR Delta Dental	IAR Delta Vision	IAR Cincinnati Life
Please check the boxes to see proposals for other insurance products.		



1112 Maple St. West Des Moines, IA 50265

Local - 515 270-8178 Toll Free - 800 798-6772 Fax - 515 270-0398 Email - Leepatton@amgi-dsm.com Web - www.amgi-dsm.com

The information you supply on this page will be not be shared or sold, and will only be used to help you find health benefits.  
Please fill out this form as completely as possible, so we can provide you fast and efficient service.