

NEW ACCOUNT SETUP



FIRST NAME: _____

LAST NAME: _____

EMAIL: _____

PHONE: _____

SECURITY QUESTIONS (chose only one):

- What was your childhood nickname? _____
- In what city did you meet your spouse/significant other? _____
- What is the name of your first childhood friend? _____
- What street did you live on in third grade? _____
- What is your oldest sibling's birth month and year? _____
- What is the name of your oldest child? _____
- What is your oldest sibling's middle name? _____

PASSWORD: _____

Information Retention and Destruction

This form is for use by an insurance producer to collect personally identifiable information (PII) from consumers seeking to apply for coverage through Your Health Idaho. The insurance producer shall retain and destroy any PII collected through this form as required by the "Insurance Producer Agreement for the Individual Market."