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Health Insurance Questionnaire

| Со | ntact Phone #: | | Contact Ema | ail Address: | | |
|--|--|------------------|-----------------|-------------------|------------------|-----------------|
| | Primary Applicant Name | Date of Birth | Tobacco Use? | Addres | s, City, Sta | ate, Zip |
| 1 | | | | | | |
| | | | | | | |
| | List <u>ALL</u> Spouse / Household Dependents | Relation | onship | To Be Covered? | Date of Birth | Tobacco Use? |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| Who is your current health insurance company? | | | | | | |
| | Today's Date | | Referred by | | | _ |

Continue to Page 2 to get help paying your premium (OPTIONAL)

Get Help Paying Your Premium (Optional):

Generally, anyone with gross income falling <u>less</u> than 400% of the Federal Poverty Line (FPL) may qualify for help.

If you know that your <u>entire</u> Household Income will exceed the chart below then you will not qualify for a subsidy to help pay your premium.

| H | Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7+ |
|---|-------------------|----------|----------|----------|----------|-----------|-----------|------|
| 2 | 100% FPL | \$46,680 | \$62,920 | \$79,160 | \$95,400 | \$111,640 | \$111,640 | Call |

| • | Is group health insurance coverage offered to you by your/your spouse's employer? | _ |
|---|--|---|
| | If YES then Stop. Generally subsidies are not available if employer group coverage is available. Call me for assistance. | |

• List your <u>entire household estimated</u> sources and amount of income <u>for 2015</u> - the year insurance coverage will be in effect Examples include GROSS Job Wages/Salaries, Social Security payments, Unemployment Compensation, Pensions, Investment Income, etc. For Self Employment or Farming Income list the NET (after expense) estimate.

Helpful Hint: Look at your current Year to Date Pay Stubs, Past Tax Returns, etc and adjust for 2015. If you're not sure make your best guess.

| Source of Income: | 2015 Estimate: | Source of Income: | 2015 Estimate: |
|----------------------|-------------------|-------------------|----------------|
| Example: Joe, Salary | Example: \$28,000 | | |
| | | | |
| | | | |
| | | | |
| | | | |

| • - | otal Estimated | 2015 Household | Income from | sources listed | above | |
|-----|----------------|----------------|-------------|----------------|-------|--|
| | | | | | | |

| Social Security Number | pers of all applicants (No need to supply now but have ready in advance for |
|--|---|
| enrollment in a plan) | |
| | |

| Notes / Additional coverage | ge requests, etc | |
|---|---------------------------------------|------|
| | · · · · · · · · · · · · · · · · · · · | |

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