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Fax: 912-265-6446

Visit https://www.healthcare.gov/see-plans/ to calculate your eligibility for a tax credit and to preview available plans.

Complete the following and **bring this form to our meeting**, as well as any additional documentation as noted below. We look forward to helping you with your health insurance coverage!

| 1) Greate | te an account on healthcare.gov. Write your information User Name Password | ation below: |
|-----------|--|--------------|
| OR | | |
| , . | cannot create a healthcare.gov account, please hass in our meeting (either via internet or on your phoremail address | ne). |

YOU MUST HAVE COMPLETED ONE OF THE ABOVE IN ORDER TO ENROLL IN AFFORDABLE CARE ACT HEALTH INSURANCE.

Please also bring the following information:

- 1) \$125 application fee. Cash, check and cards accepted.
- 2) Projected 2018 adjusted gross income. You can bring 2017 pay stubs, 2017 tax returns, W2s or other income verification if you expect your 2018 income will be about the same. Please note-if the income estimate you provide is different from the actual amount on your 2018 taxes, you may end up with a tax penalty. Therefore, income accuracy is important. Visit <a href="https://example.com/heart-square-new-mailto:heart-new-mailto:heart-new-mailto:heart-new-mailto:heart-new-mailto:heart-new-mailto:heart-new-mailto:heart-new-mail
- 3) Names, birthdays and social security numbers of anyone that wants to apply for health insurance and/or are providing income information. (Married couples must file their taxes jointly and must include ALL household income, even if only one spouse is applying for health insurance.)
- 4) Does any member of the household have access to a group policy, even if coverage was declined? Contact the employer if you aren't sure.
- 5) Current health insurance company & policy number & coverage information if you would like to compare.