



The following information is required and necessary to complete the services requested by you.

If you are applying for a tax credit (subsidy), please list everyone in the household (as listed on your taxes). The Federal Marketplace requires entire household income and information in order to determine tax credit eligibility, even if some members are not applying for health insurance.

Name	Social Security Number (if applying for insurance)	Sex	Birthdate	To Be Insured? Y/N

Total estimated 2019 Adjusted Gross Income (only if wanting tax credit/subsidy)\$\_\_\_\_\_

Home Address:\_\_\_\_\_

City:\_\_\_\_\_ State\_\_\_\_\_ Zip:\_\_\_\_\_

	Client 1	Client 2
Email address		
Best Phone #		

Preferred method of contact (circle choices)    Email            Mail            Phone

Referred by\_\_\_\_\_