Individual Health Insurance Census

Name:

Address:

Zip Code: Phone Number:

E-Mail:

Effective Date Fax Number:

Name of current insurance carrier:

	NAME	Gender	DOB	Tobacco User
Applicant:				
Spouse				
Dependent				
Dependent				
Dependent				
Dependent				
Dependent				

HOUSEHOLD ADJUSTED GROSS INCOME*

* This is only required to determine whether the household would qualify for any premium subsidy under the Affordable Care Act

CLICK ALL THAT APPLY

- ☐ Interested in HSA plans
- ☐ Interested in Traditional Plans
- ☐ Lowest Premium Plan Desired

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