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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Name: | | |  | | | | Spouse Name: | | | | |  | | | | | |
| Date of Birth: | | |  | | | | Date of Birth: | | | | |  | | | | | |
| Gender: | | M / F | | Tobacco: Y / N | | | Gender: | | | M / F | | | Tobacco: Y / N | | | | |
|  | | | | |  |  |  | | | | | | |  | | |  |
|  | |  | | |  |  |  | |  | | | | |  | | |  |
| City: |  | | | | | | Zip: |  | | | County: | | | |  |  | |
| Phone: |  | | | | | | Cell: |  | | |  | | | |  |  | |
| Email: |  | | | | | |  | | | |  | | | |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dependent(s) Date of Birth   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. |  | | M/F | 2. |  | | M/F | 3. |  | | M/F | 4. |  | | M/F | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| Do you qualify for a subsidy?  Marital Status? Single / Married |  |  |  | | | If interested, please provide the information below: | |  | |  | |
| If married filing taxes jointly? Y / N |  |  |  | | |  | |  | |  | |
| Employer Coverage Available? Y / N |  |  | |  | (via your employer or spouse employer) | |  | | | |  | |
| Annual Household Income? |  |  |  | | | (wages, alimony, retirement, Social Security – not SSI, self employment profits) | | |  |  | |
| Household Size? |  |  |  | | | (Including dependents not applying for health insurance coverage) | | |  |  | |

Other Comments:

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