

Name of Bank: _____

Routing #: _____

Account #: _____

Paid to Ins. Company: YES/NO Amount \$ _____

MarketPlace Client Data Information

Date: ____/____/____

Monthly Payment: \$ _____ Subsidy Amount: \$ _____ Total Annual Premium: \$ _____

Salary Claimed: He: \$ _____ Salary Claimed: She: \$ _____ Total Salary Claimed: \$ _____

Application Number: _____ Carrier Name: _____

Name: _____ Male/Female _____ Date of Birth: ____/____/____

Address: _____ Apt: _____ Bldg: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Husband: US Citizen: YES/NO Lived in the US since 1996 : YES/NO Since: _____ E. Mail: _____

S/S: _____ Alien Card Number: _____ Certificate of Naturalization: _____

Work Husband: _____ How Long: _____ W Phone: _____

Name of Spouse: _____ Male/Female _____ Date of Birth: ____/____/____ Phone: _____

Spouse: US Citizen: YES/NO Lived in the US since 1996 : YES/NO Since: _____ E. Mail: _____

S/S: _____ Alien Card Number: _____ Certificate of Naturalization: _____

Work Spouse: _____ How Long: _____ W Phone: _____

Member military: He: YES/NO She: YES/NO Dependents included in insurance plan: YES/NO Medicaid/Kidcare YES/NO

1) Dependent's Name: _____ Date of Birth: ____/____/____ Age: _____

S/S: _____ US Born: YES/NO Alien Card Number: _____ Certificate of Naturalization: _____

2) Dependent's Name: _____ Date of Birth: ____/____/____ Age: _____

S/S: _____ US Born: YES/NO Alien Card Number: _____ Certificate of Naturalization: _____

3) Dependent's Name: _____ Date of Birth: ____/____/____ Age: _____

S/S: _____ US Born: YES/NO Alien Card Number: _____ Certificate of Naturalization: _____

4) Dependent's Name: _____ Date of Birth: ____/____/____ Age: _____

S/S: _____ US Born: YES/NO Alien Card Number: _____ Certificate of Naturalization: _____

Acknowledgement

I acknowledge that I have given the agent who is helping me apply to the "Affordable Care Act" the correct information regarding salaries and all income that myself, my spouse and my dependents file with the IRS every year. I also acknowledge that I was not coerced in any way to input the wrong information in order that my family and I can gain an advantage from the "Affordable Care Act" law. I agree that I have understood the information given by the agent and that I am of a sound mind. I do not have any health impairments such as Dementia or Alzheimer's disease which would prevent me from accurately choosing the right health plan.

X: _____

Applicant signature

X: _____

Spouse