

Health Insurance Questionnaire



Contact Name: _____ Email: _____
City: _____ County: _____ Zip Code: _____ Phone: _____
Self Employed?: _____

Part I: Financial Assistance Information (if you want us to check eligibility)

How many people will be claimed on your Federal tax return for 2023? _____

Based on your best guess, what will your total household income be in 2023? _____

(Adjusted gross income plus untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.)

Are you, or anyone to be insured, currently pregnant? _____

Are you or anyone to be insured *eligible* for group health insurance? _____

Part II: Current Coverage

Current Plan Name (carrier, hmo/ppo/pos, etc.): _____

Current Premium: _____

Providers you want in-network on new plan (rank in order of importance) and List of medications

Part III: About You

For purposes of determining your eligibility for financial assistance, please provide the following information for everyone in the tax household even if not applying for insurance.

| <i>First Name</i> | <i>Date-of-birth</i> | <i>Relationship</i> | <i>Tobacco use?</i> | To be Insured? |
|-------------------|----------------------|---------------------|---------------------|-----------------------|
| _____ | _____ | <i>Self</i> | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Additional Information: _____

