

# Health Insurance Questionnaire



Contact Name: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ County: \_\_\_\_\_  
Email: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Part I: Eligibility for Financial Assistance

- 1) **How many people will be on your Federal tax return for 2014?** \_\_\_\_\_
  
- 2) **Based on your best guess, what will your total household income be in 2014?** \_\_\_\_\_  
This would be your modified adjusted gross income (line 37 of the 1040) plus any foreign and tax exempt income.
  
- 3) **Are you, or anyone to be insured, currently pregnant?** \_\_\_\_\_

## Part II: Current Coverage

- 1) **Current health coverage**  
\_\_\_\_\_ I have health coverage on an individual/family plan.  
\_\_\_\_\_ I have health coverage through my employer or a family member's employer.  
\_\_\_\_\_ I do not have health coverage, but I am eligible for insurance through my employer or a family member's employer.  
\_\_\_\_\_ I do not have health coverage.

## Part III: About You

1) <b>Who do you want to have insured?</b>			
<i>Name</i>	<i>Date-of-birth</i>	<i>Relationship</i>	<i>Tobacco use?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____