ACA AND INDIVIDUAL CLIENT INFORMATION

Case # ____________ **Health Insurance Associates** Date_______________

New Client _________ **Lives** _____ **Existing Client**__________

Agent Name ______________________________ Log In______________________________

Password_______________________

<u>Applying for coverage</u>

Name________________________________M/F______DOB__________SSN__________________

Spouse________________________________M/F ______DOB__________SSN__________________

Dependents:

Name________________________________M/F______DOB__________SSN__________________

Name________________________________M/F______DOB__________SSN__________________

Name________________________________M/F______DOB__________SSN__________________

Address____

Phone____________________ Email______________________________________

Employer____

Income____________________________

Employer____

Income____________________________

Carrier______________________________________ Plan Type ________________________________

Premium________________________________ Effective Date___________________________________

Tax Credit ___________________

NOTES: