

HEALTHCARE / Obamacare Applicant Questionnaire			STARTED:	PROMISE DATE:	LATEST TIME TO CB:
PERSONAL INFO-					
NAME OF APPLICANT -		Home ADDRESS, Mail Address (if different) &		Phone Number	APPLYING for COVERAGE? <input type="radio"/> YES
DOB & SS#	TAX FILING STATUS & # DEPENDANTS CURRENT YEAR		CITIZENS OR RESIDENT Registration #/ SINCE 96?		
APPLICANT EMPLOYER NAME - TEL #	HOURLY PAY X # HOURS	MEDICAL COVERAGE OFFERED?	ACA QUALIFIED?	PREMIUM 9.5% OF ANNUAL INCOME?	
SPOUSE NAME / DOB & SS#		Phone Number		APPLYING for COVERAGE? <input type="radio"/> YES	
SPOUSE EMPLOYER NAME - TEL #	HOURLY PAY X # HOURS	MEDICAL COVERAGE OFFERED?	CITIZENS OR RESIDENT Registration #/ SINCE 96?		
			ACA QUALIFIED?	PREMIUM 9.5% OF ANNUAL INCOME?	
DEPENDENT 1- NAME / DOB & SS#		Phone Number		APPLYING for COVERAGE? <input type="radio"/> YES	
DEPENDENT 1 EMPLOYER NAME - TEL #	HOURLY PAY X # HOURS	MEDICAL COVERAGE OFFERED?	CITIZENS OR RESIDENT Registration #/ SINCE 96?		
			ACA QUALIFIED?	PREMIUM 9.5% OF ANNUAL INCOME?	
DEPENDENT 2- NAME / DOB & SS#		Phone Number		APPLYING for COVERAGE? <input type="radio"/> YES	
DEPENDENT 2 EMPLOYER NAME - TEL #	HOURLY PAY X # HOURS	MEDICAL COVERAGE OFFERED?	CITIZENS OR RESIDENT Registration #/ SINCE 96?		
			ACA QUALIFIED?	PREMIUM 9.5% OF ANNUAL INCOME?	
DEPENDENT 3- NAME / DOB & SS#		Phone Number		APPLYING for COVERAGE? <input type="radio"/> YES	
DEPENDENT 3 EMPLOYER NAME - TEL #	HOURLY PAY X # HOURS	MEDICAL COVERAGE OFFERED?	CITIZENS OR RESIDENT Registration #/ SINCE 96?		
			ACA QUALIFIED?	PREMIUM 9.5% OF ANNUAL INCOME?	
DEPENDENT 4- NAME / DOB & SS#		Phone Number		APPLYING for COVERAGE? <input type="radio"/> YES	
DEPENDENT 4 EMPLOYER NAME - TEL #	HOURLY PAY X # HOURS	MEDICAL COVERAGE OFFERED?	CITIZENS OR RESIDENT Registration #/ SINCE 96?		
			ACA QUALIFIED?	PREMIUM 9.5% OF ANNUAL INCOME?	
DEPENDENT 5- NAME / DOB & SS#		Phone Number		APPLYING for COVERAGE? <input type="radio"/> YES	
DEPENDENT 5 EMPLOYER NAME - TEL #	HOURLY PAY X # HOURS	MEDICAL COVERAGE OFFERED?	CITIZENS OR RESIDENT Registration #/ SINCE 96?		
			ACA QUALIFIED?	PREMIUM 9.5% OF ANNUAL INCOME?	
DEPENDENT 6- NAME / DOB & SS#		Phone Number		APPLYING for COVERAGE? <input type="radio"/> YES	
DEPENDENT 6 EMPLOYER NAME - TEL #	HOURLY PAY X # HOURS	MEDICAL COVERAGE OFFERED?	CITIZENS OR RESIDENT Registration #/ SINCE 96?		
			ACA QUALIFIED?	PREMIUM 9.5% OF ANNUAL INCOME?	
FOR OFFICE USE ONLY -					
KIDS LIVE WITH PARENTS?	Referred By? How they hear about us?		IF NO TAX CREDIT STILL DESIRE COVERAGE?		
INCOME CLAIMED IN LAST YEAR	OTHER INCOME---ANY BUSINESS INTERESTS OR INTERESTED IN IRA IF HIGH INCOME?				
LANGUAGE PREFERENCE?	PREGNANT? INDIAN? DISABLED? ANY FULL TIME ADULT STUDENTS? INCARCERATION?				
THEIR EMAIL	OUR EMAIL FOR ACCOUNT SETUP/PASSWORD:		IENROLLYOU.ORG / BORNAHERO.COM / IENROLLU.ORG GMAIL / YAHOO / HOTMAIL		
HC.GOV ID & Password/ 95.5, bike, mexican	BCBSTX.COM LOGIN /PASSWORD		Customer Payment & ACTUAL TOTAL PREMIUM		
ENROLLMENT THROUGH BCBS / HC.gov / PHONE?	APPLICATION ID		DATE SUBMITTED		
ITEMS TO MAIL IN?	VERIFY AGENT ON APPLICATION?		IF PAYMENT SUBMITTED CONF #		
REFERRALS	SCHEDULE TESTIMONIAL		ACN PIQUE?		
SCHEDULE LIFE	DENTAL ADD?		EFFECTIVE DATE		
Plan Enrolled :	Premium Credit Amount Monthly / Annually		BUDGET TO WORK WITH?		
current status:	FOLLOW UP APPT?		AGENT ENROLLER? NAME		
notes:					