

Trusted Advisor

Health Insurance Marketplace preparation form

When you apply for coverage in the Health Insurance Marketplace, you will need to provide some information about yourself and your household, including income, any insurance you currently have and some additional items. We have put together this prescreening tool to help you gather what you need to apply for coverage. Please bring this form with you to your appointment, as it will make the application process more effective and efficient.

Note: Do not leave this document with a certified application counselor. It is for your records.

Prescreening info

Name: _____

Date of birth: _____

Address and ZIP code: _____

*Tax household size: _____

How many need insurance? _____

Phone number: _____

Email: _____ Password reminder: _____

Annual household income: _____

Do you have credit history? Yes _____ No _____

Application info

Healthcare.gov username _____

(Your email address will also be your username when you log in.)

Healthcare.gov password _____

(Must be 8 – 20 characters, upper and lower case letters, and at least one number)

Pick three of the following security questions:

Favorite food?

Favorite radio station?

Name of favorite pet?

City where mother was born?

First name of oldest niece?

Name of manager of first job?

Childhood friend's name?

Important date in life?

Relative's phone number?

Answer 1: _____

Answer 2: _____

Answer 3: _____

Date: _____

Application ID: _____

This document is for your records — keep it in a safe place.

**Tax household is defined as: 1) anyone you include on your tax return as a dependent, even if they don't live with you; and 2) anyone you take care of who is under 21 and lives with you, including the applicant, his/her spouse and any children that live with the applicant, even if they make enough money to file a tax return themselves.*

Insurance enrollment info

Received eligibility report? Yes _____ No _____

Subsidy amount: _____/mo. _____/yr.

Health plan selected:

Monthly premium: _____ Deductible: _____ Max out of pocket: _____

Insurer phone number: _____

Plan ID #: _____

Dental plan selected: _____

Monthly premium: _____

Notes/Next steps:

Date: _____ Application ID: _____

This document is for your records — keep it in a safe place.