Health Insurance Intake Sheet

What to Bring: 1. Everyone's SS#'s 2. Everyone's DOB's 3. Projected Year Income

Name: _____DOB: _____ SS#: _____

Spouse: _____ DOB: _____ SS#:_____

Address:_____Phone: _____

Email: _____

Projected Yearly Family Income**:** _____

Plan_____Deductible_____

Tax Credit amount: _____ Premium Due_____

Dependent Information

Dependent Name(s)	Date of Birth	SS#

Notes:

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