

Better Benefit Specialists

(Call, Fax or Email Completed Form)

Individual Health Insurance Questionnaire

Requested Start Date of Coverage: _____

Contact Name: _____ Phone: _____

Street Address: _____ City: _____

County: _____ Zip Code: _____ Email: _____

Part 1: If you are interested in determining if you qualify for financial assistance complete this section (If you do not want to apply for a subsidy, skip to Part II)

1. How many people will be on your Federal Tax Return for 2016? _____
2. Based on your best guess, what will your total household income be in 2016? _____
This would be your modified adjusted gross income (line 37 of the 1040 plus any foreign & tax exempt income)
3. Are you, or anyone to be insured, currently pregnant or disabled? _____

Part II: About You – Who do you want to have insured?

Name	Date of Birth	Relationship	Tobacco Use?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Part III: Do you currently have health insurance? Yes _____ No _____

- If you currently have insurance, who is your current carrier: _____
- What is your current deductible: _____
- What is your current monthly premium: _____

Part IV: What type of plan are you looking for in 2016? Price vs. Benefits? Deductible?

- Gold – Low Deductible of \$500 - \$1000
- Silver – Medium Deductible of \$2000 - \$3000
- Bronze – High Deductible of \$4500 - \$6,850
- HSA Plan – (Health Savings Account)
- I have a physician that I would like to stay with: _____
- What is your budget for your monthly premium: _____

Part V: Do you have a Preferred Insurance Carrier?

___ Anthem ___ Kaiser ___ RMHP ___ Humana ___ Cigna ___ UnitedHealthOne

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