

Call for a Personal Consultation Ph. 888-883-5290 or 616-656-5555

Send Us Your Information Securely via Fax 888-715-1289 or

Email to Kinzie@GLIBrokers.com

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## **Information Needed for Health Insurance Consultation**

- 1. Please provide for each person in your home
  - a. Name
  - b. Social Security Number
  - c. Date of Birth
  - d. Does anyone use tobacco more than 4 times a week?
  - e. Do you file taxes together? (1040 is most helpful)
- 2. Business name where any of your family members work
  - a. Amount of money they are paid (paycheck stub if you have one)
  - b. How often they get paid
  - c. Is health insurance offered thru this job?
    - i. If yes, are they enrolled in this coverage? (the insurance card if you can)
    - ii. How much will this cost each month?
    - iii. Who will this cover?
- 3. Any other income each month for you and/or anyone in your family?
  - a. Amount of money received? (bring any papers you have on this)
  - b. How often paid?
  - c. Who pays this to you?
- 4. Does anyone have health insurance from anywhere else? (bring the insurance card)
  - a. If yes, will this coverage continue?
  - b. How much will this cost each month?
  - c. Who will this cover?
  - d. Who is this insurance with?

Person 1

	Person 1
Full Name	
Social Security Number	
Date of Birth & Gender	
Tobacco Use	
Income Before Taxes	
How Often Received	
Where is Income From	
	Person 2
Full Name	
Social Security Number	
Date of Birth & Gender	
Tobacco Use	
Income Before Taxes	
How Often Received	
Where is Income From	
	Person 3
Full Name	
Social Security Number	
Date of Birth & Gender	
Tobacco Use	
Income Before Taxes	
How Often Received	
Where is Income From	
	Person 4
Full Name	
Social Security Number	
Date of Birth & Gender	
Tobacco Use	
Income Before Taxes	
How Often Received	
Where is Income From	
	Person 5
Full Name	
Social Security Number	
Date of Birth & Gender	
Tobacco Use	
Income Before Taxes	
How Often Received	
Where is Income From	