



Health Shop

"Your Health Benefit Specialists"

Individual Intake Form Date _____

Once we have the necessary information we will contact you to discuss your options. We are happy to work with you in person or over the phone.

Step 1 Complete prescreen for plans, pricing and tax credit qualification.

Step 2 Determine if it is best for you to purchase a plan on or off the marketplace.

Step 3 Discuss and choose a plan that works for your needs and budget.

Step 4 Get you enrolled on the marketplace or direct with the carrier.

(If you have already created an account with Connect for Health, you may still choose us as your broker, this will allow us to assist you shop, compare and purchase your plan on the marketplace.)

Health Care Reform plan premiums will be based on the individual's age, each dependent's age, tobacco use, and region. Remember to include income from **all** dependents to be listed on your 2016 annual tax return.

Census and Prescreen Information

| | Name | Gender | Date of Birth | Tobacco Use | Enroll in Coverage | Zip Code | Estimated Annual Income |
|-----------|------------------|--------|----------------|-------------|--------------------|----------|-------------------------|
| | Print Name Below | M F | 00 / 00 / 0000 | Y N | Y N | 00000 | \$ 000 |
| Applicant | | | | | | | |
| Spouse | | | | | | | |
| Dependent | | | | | | | |
| Dependent | | | | | | | |
| Dependent | | | | | | | |
| Dependent | | | | | | | |

(List additional dependents on back)

Are you shopping for open enrollment or have you had a recent loss of coverage? _____

What is the effective date you are requesting? _____

May we shop all Colorado carriers? Y / N Only shop this carrier _____

Do you or any dependents have the availability of group insurance through other work or family member? Y / N

Has anyone in your family created an account on the marketplace? Y / N

Have you completed the tax credit process? Y / N

Contact Name _____

Home Address _____

Home Phone _____ Cell Phone _____

New Email _____

If you have questions at any time, please feel free to contact us at 303.425.4466 or via email at ctawney@benefitsblvd.com You may provide your prescreen information directly to us via fax, email or over the phone.

- Fax #: 303.420.8988 Attn: Carmen
- Email: ctawney@benefitsblvd.com.
- Call us, we can complete this information over the phone!