First Name:

Last Name:

Street Address:

City, State, Postal Code:

Prescription Medications? Which ones, doses, frequencies?:

Do you have an existing health plan?: Yes/No

What is your current monthly premium?:

* Less than $100/month
* $100-$300/month
* $301-$500/month
* $501-$700/month
* $701-$1,000/month
* $1,000+/month

What is your age group?:

* 18-64
* 65+

Enrolling your spouse?:

# of Children Enrolling (0, 1, 2, 3, 4, 5+):

How often do you go to the doctor?:

* Rarely
* 1-2 times per year
* 2-3 times per year
* Often

Do you have any of the following conditions?:

* Type 1 Diabetes
* Treated for Cancer, Heart Attack or Stroke in last 5 years
* Treated for Liver, Kidney or Heart Disease in last 5 years
* None of the above

Tobacco, Vape or Drug Use in the last 24 months?: Yes/No

Date of Birth: MM/DD/YYYY

Email:

Phone:

Estimated annual income this year?:

* less than $30,000
* $30,001-$50,000
* $50,001-$75,000
* $75,001-$100,000
* $100,000+