

	NAME	DOB	Smoker? Y or N	American Indian? Y or N	To Be Covered? Y or N
PRIMARY:	_____	_____	_____	_____	_____
SPOUSE:	_____	_____	_____	_____	_____
CHILD 1:	_____	_____	_____	_____	_____
CHILD 2:	_____	_____	_____	_____	_____
CHILD 3:	_____	_____	_____	_____	_____
CHILD 4:	_____	_____	_____	_____	_____
PHYSICAL ADDRESS:	_____	MAILING ADDRESS:	_____		
	_____		_____		
PHONE:	_____		EMAIL ADDRESS:	_____	

How many people in your household? ____ (claimed on tax return)

Are you eligible for insurance (whether or not accepted) for you or your spouse through an employer? _____ or Medicare? _____ Other? _____

BASED ON YOUR EXPECTED INCOME IN 2022 PLEASE ANSWER THE FOLLOWING:

(Enter the Modified Adjusted Gross Income as the total if available)

Primary's Income:	_____
Spouse's Income:	_____
Investment/Rental Income:	_____
Social Security Income:	_____
Retirement Income:	_____
Dependent Income:	_____
Income from all other sources:	_____
TOTAL HOUSEHOLD INCOME:	_____