



7134 N MERLYN PLACE, PAINESVILLE, OH 44077

For Affordable Care Act (ACA) Clients:

Plan Year: _____ Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Phone Number _____

E-mail Address: _____

SSN: _____

Referred By: _____

Now That You Have Applied for Your ACA/Marketplace/Under 65 Plan

1. Your plan will not go into effect until you call in your first premium payment
2. You should receive your plan ID card(s) in around 10 business days after payment is received
3. Date of Application: _____
 - FFM Application ID: _____
 - Insurance Company: _____
 - Payment Line Phone Number: _____
 - Plan Name: _____
 - Effective Date: _____

For Marketplace Plans

1. You can go to healthcare.gov and set up your own username and password login
2. Please authorize me to speak to the Marketplace on your behalf regarding your account by calling the Marketplace at 1(800) 318-2596
3. Supply any documentation needed to complete your application such as proof of income or loss of coverage letter

FINDING HEALTH PLANS THAT FIT YOUR NEEDS