

Full Name: _____

DOB: _____

Do You Smoke?

SSN: _____

Yes No



Address: _____ Who's Primary Taxpayer: _____

County: _____

Email: _____ Phone: _____

All Income & Sources: _____

Preferred Network: _____ Are you a Diabetic? _____



Spouse's Name: _____ DOB: _____

SSN: _____ Applying? Yes No Smoke? Yes No

All Income & Sources: _____

Household Members	First Name	Last Name (If not same)	Date of Birth	Social Security Number	Applying Yes or No
Dependent 1					
Dependent 2					
Dependent 3					
Dependent 4					

We are asking for your Income information to see if you qualify for the Advanced Premium Tax Credit (APTC). You will receive a form 1095-A in January that will need given to your Tax Preparer. Your preparer will use that to see if you got the credit you were entitled to. We can assist with this. We prepare tax returns at MJ Cares. If your estimate was greater than your actual, you will be refunded some of your premiums paid. If your estimate was less than your actual, you will have to payback some of the additional APTC you received on your tax return. Ask the agent if you have you any questions regarding this. Please sign and date if you fully understand.

Signature: _____ Date: _____

TO BE FILLED OUT BY THE AGENT: Network: _____

Application ID: _____ Level / Tier: _____

Application Date: _____ Plan Name: _____

Start Date: _____ Other Plans: _____

Paid On-line? Yes No Required Docs: _____

Client Cost: _____ APTC: _____ for Who: _____

Total Cost: _____ Sent: _____ Accepted: _____