



Faxed to NIM Entered Info Needs Sent?

2020

<p>First Name _____</p> <p>SSN _____</p> <p>Address _____</p> <p>City / State _____</p> <p>County _____</p> <p>Zipcode _____</p> <p>Phone _____</p> <p>Email _____</p> <p>PW _____</p> <p>Smokes? _____</p>	<p>Last Name _____</p> <p>Birthdate / Age _____</p> <p>Employer/income/ph# _____ **</p> <p>(for Insurance Year) _____</p> <p>Include Social Security _____</p> <p>& Spousal Support _____</p> <p>Deductions such as _____</p> <p>Student Loan Interest _____</p>
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	First Name	Last Name	Birthday	Age	SSN	Smokes	Applying?
Spouse							
Dependent #1							
Dependent #2							
Dependent #3							
Dependent #4							
Dependent #5							

**** If your estimated 2020 income is greater than expected than you may have to return some tax credits on your 2020 tax return. Please ask you agent for more information. Please sign if you fully understand this. _____**

TO BE FILLED OUT BY THE AGENT:

Agent _____

Application ID _____

Application Date _____

Insur Start Date _____

Insurance ID _____

Additions _____

Plan Company _____

Cost of Insur _____

Plan Tier _____

Tax Credit _____

Plan Name _____

Paid _____