Health Benefits Washington Corp

William E Hogland (425) 501-4112
Individual/Family/Medicare/Life & Disability
Jane K Hogland (425) 501-9414 Groups
Email us at: info@healthbenefitswa.com

"Let's make your benefits work for you!"

Health Benefits Washington opened in May of 2016. Our goal is to provide you with all the information to make a good decision for a plan that will provide you with the benefits you need and want. We are here to help you with any issues that you may encounter throughout the year, and assist with the solutions you are looking for.

When we discuss your Medicare Options, Medicare requires that we have a Scope of Appointment signed by each person whom we will be meeting with. This is to acknowledge that we will only be talking about the specified topics during our visit and must be kept on file for 10 years. Spouses cannot make changes to one-anothers plans without being an Authorized Representative.

"We do not offer every plan I your area. Any information we provide is limited to those plans we offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options. All Medicare phone calls are required to be recorded."

Please tell us about yourself / spouse if both seeking information - Download to enter information onto form, or print, complete and scan or text a picture to 425-501-4112 - All of our Communications are Encrypted

NAME	**SPOUSE**
PHONE	**PHONE**
ADDRESS	**ADDRESS**
CITY ST ZIP	**CITY ST ZIP**
EMAIL	**EMAIL**
DATE OF BIRTH	**DATE OF BIRTH**
MEDICARE #	**MEDICARE #**
Part A Date	**Part A Date**
Part B Date	**Part B Date**
Budget - *on top of Part B Premium:*	**Budget - *on top of Part B Premium:***
WANTS/NEEDS: *Chiro, Dental, Acupuncture, Gym*	**WANTS/NEEDS: *Chiro, Dental, Acupuncture, Gym***
DOCTORS/PROVIDERS (full name, clinics, phone) **Use separate page for additional information.**	**DOCTORS/PROVIDERS (full name, clinics, phone)** **Use separate page for additional information.**
PRESCRIPTIONS: NAME/DOSAGE **Use separate page for additional information.**	**PRESCRIPTIONS: NAME/DOSAGE** **Use separate page for additional information.**

ADDITIONAL INFORMATION YOU WANT US TO CONSIDER ON YOUR BEHALF:

REVISED 12.1.2022