



LS-Insurance Healthcare Questionnaire

Name:	
Address:	
DOB/Gender:	
SS#	
Telephone#:	
Email Address:	

Family Members

Name:	
DOB/Gender/SS#:	
Name:	
DOB/Gender/SS#:	
Name:	
DOB/Gender/SS#:	
Name:	
DOB/Gender/SS#:	
Name:	
DOB/Gender/SS#:	

Income Qualification

Annual Household Income for coming year:	
Is anyone that is applying for healthcare a Tobacco User?	
Permission for information submitted Yes or No	I've given permission to Linda Simonton, a licensed Agent, to work on my or my family's behalf as my/our Insurance Agent. I understand that as an agent she will be doing the following: submitting the information on this questionnaire to the Marketplace, or an Insurance Carrier for the purpose of eligibility, enrollment and maintenance updates that will be required during my/our enrollment. By providing a telephone number and submitting this form you are consenting to be contacted by SMS text message. Message and Data Rates may apply. You can STOP messaging by sending STOP and get more help by sending HELP.
Date:	Signature:

See if you qualify for a Special Enrollment Period (SEP)?

Do you qualify for a Special Enrollment?

(Ex: Loss healthcare coverage due to change in employment, death of primary insured, had a baby, move outside healthcare coverage, legally separated or divorced, became a dependent)

Yes or No

Did you or anyone in your household lose [qualifying health coverage](#)* in the past 60 days OR do you expect anyone in your household to lose coverage in the next 60 days?

****Qualifying Healthcare Coverage** means: Any health insurance that meets the Affordable Care Act requirement for coverage. Examples are: individual plans, including Marketplace plans; job-based plans; Medicare; Medicaid, CHIP, TRICARE, COBRA, and Plans sold through the Small Business Health Insurance Program (SHOP) Marketplace.*

Did any of the following apply to you or anyone in your household in the past 60days?

Changes in household size

Yes or No

Got married?

Yes or No

Had a baby?

Yes or No

Gained/became a dependent?

Yes or No

Got divorced or legally separated and lost health insurance?

Yes or No

Death?

Changes in residence or income

Yes or No

Changed your primary place of living?

Yes or No

Had a change in income?

Changes in status

Yes or No

Denied Medicaid/CHIP?

Yes or No

Gained citizenship or lawful presence in the U.S. ?

Yes or No

Was released from incarceration (detention, jail, or prison)?

Are you a member of a [federally recognized tribe](#), or an Alaska Native corporation shareholder?

Yes or No

Do you agree to receive SMS texts about special offers and status updates on services rendered?

Yes or No