

CLIENT ENROLLMENT FORM

NAME: _____

SS# _____ - _____ - _____ DOB: _____ - _____ - _____ AGE: _____

SPOUSE: _____

SS# _____ - _____ - _____ DOB: _____ - _____ - _____ AGE: _____

CHILD: _____

SS# _____ - _____ - _____ DOB: _____ - _____ - _____ AGE: _____

CHILD: _____

SS# _____ - _____ - _____ DOB: _____ - _____ - _____ AGE: _____

CHILD: _____

SS# _____ - _____ - _____ DOB: _____ - _____ - _____ AGE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____

PHONE 1: _____ PHONE 2: _____

MEMBERS IN HOUSEHOLD: _____ CITIZEN: Y ___ N ___ NATURALIZED: Y ___ N ___

HOUSEHOLD INCOME: PRIMARY _____ SPOUSE: _____ OTHER: _____

EMPLOYER: PRIMARY _____ PHONE #: _____

SPOUSE: _____ PHONE #: _____

OTHER: _____ PHONE #: _____

LOG IN INFO: USERNAME _____ PASSWORD: _____

SECURITY QUESTIONS: _____ ANSWERS: _____

PLAN SELECTED: _____

MONTHLY PREMIUM: _____ MONTHLY SUBSIDY: _____ NET PREMIUM: _____

ENROLLMENT DATE: _____ EFFECTIVE DATE: _____

INITIAL PAYMENT MADE: Y ___ DATE MADE: _____ PAYMENT TYPE: CC ___ BA ___

INITIAL PAYMENT VIA: PHONE ___ HC.GOV ___ CARRIER WEBSITE _____

CC # _____ EXP DATE: _____ SEC CODE: _____

BA # _____ ROUTING# _____

CONFIRMATION # _____

ELIGIBILITY REQUIREMENT?: Y ___ N ___ IF YES, DATE DUE: _____

REQUIREMENT NEEDED: _____

DATE SENT IN/ UPLOADED: _____

FOLLOW UP LETTER SENT: Y ___ N ___ SENT DATE: _____

REFERRALS FROM CLIENT:

NAME: _____ PHONE: _____ CITY _____

SOLD: Y ___ N ___

SOLD DATE: _____

REFERRAL FEE: _____

NAME: _____ PHONE: _____ CITY _____

SOLD: Y ___ N ___ SOLD DATE: _____ REFERRAL FEE: _____

NAME: _____ PHONE: _____ CITY _____

SOLD: Y ___ N ___ SOLD DATE: _____ REFERRAL FEE: _____

NAME: _____ PHONE: _____ CITY _____

SOLD: Y ___ N ___ SOLD DATE: _____ REFERRAL FEE: _____

NAME: _____ PHONE: _____ CITY _____

SOLD: Y ___ N ___ SOLD DATE: _____ REFERRAL FEE: _____

NAME: _____ PHONE: _____ CITY _____

SOLD: Y ___ N ___ SOLD DATE: _____ REFERRAL FEE: _____

NAME: _____ PHONE: _____ CITY _____

SOLD: Y ___ N ___ SOLD DATE: _____ REFERRAL FEE: _____

NOTES:

AGENT NAME: _____

