Note   1	AFFORDABLE CARE ACT (OBAMACARE) INTAKE FORM							
Date of bith:   SAN	DO YOU CURRENTLY HAVE MEDICAL COVERAGE OR DO YOU QUALIFY FOR OTHER MEDICAL COVERAGE FOR 2021? Yes or No							
Pronce	APPLICANT INFORMATION							
Current Address:	First Name: Last Name:							
State	Date of birth: SSN:					Phone:		
Citizen:   Yes   or   No   Naturalized   or   Born   IU.S.A.	Current Address:					Apt/Bldg #:		
Note	City:				ate: Florida	ZIP Code:		
NAME	Email:			Citi	izen: Yes or No	· No Naturalized or Born in U.S.A.		
NAME   DOB   SOCIAL SECURITY   RELATIONSHIP   INCOME   APPLYING FOR COVERAGE (YES   OR NO)	Naturalization Certificate or Resident Green Card (Circle if applicable)			Dio	Did you recently gain eligible immigration status? Yes or No			
NAME								
NAME	FAMILY & HOUSEHOLD  (INCLUDE ALL INDIVIDUALS THAT WILL BE SHOWN ON YOUR 2021 INCOME TAX RETURN)							
Employer Address:	NAME	DOB		Υ	RELATIONSHIP	INCOME		
Employer Address:								
Employer Address:								
Employer Address:	INCOME							
Phone:								
City: State: SPOUSE INFORMATION  First Name: Last Name:  Date of birth: SSN: Phone: Phone: SPOUSE EMPLOYMENT INFORMATION  Current Employer: SPOUSE EMPLOYMENT INFORMATION  Current Employer Address: Phone: State: Zip Code: Spouse Employer: State: State: Spouse Employer: Spouse Employer: State: Spouse Employer: Spouse Employer: State: Spouse Employer: S						Phone:		
Position:   Santa   Income in 2021? Yes or No   No   No   No   No   No   No   N			State:					
Engloyer Address:    Phone:   SSN:	Position: Annual Income:							
Date of birth:    SSN:								
Current Employer:  Employer Address: City:  State:  Annual Income  **Tobal Notation	First Name: Last Name:							
Current Employer:  Employer Address:  City:  Position:  State:  Annual Income:  TOUSETIONS  Will file a 2021 tax return?  Yes or No Any individuals above with disabilities/mental health issues that affect their capability to work?  Yes or No Any individuals above pregnant?  Yes or No Any individuals above precently adopted or placed in foster care? Yes or No Did you recently move?  Yes or No Does anyone above pay alimony or student loans? Yes or No Privacy Notice Statement: I hereby agree that the information contained herein has been provided to the best of my knowledge. I understand that the information provided herein will be solely used by Healthcare Advisors LLC (DBA: GotToBelnsured.com) to search application and determine eligibility & enrollment through Healthcare.gov/ACA/EDE and will not be disseminated to any third party without prior consent.	Date of birth: SSN:				Phone:			
Employer Address:  City:  State:  Annual Income:  To you expect to make the same amount of income in 2021? Yes or No  Annual Income:  To you expect to make the same amount of income in 2021? Yes or No  To you expect to make the same amount of income in 2021? Yes or No  To you expect to make the same amount of income in 2021? Yes or No  To you expect to make the same amount of income in 2021? Yes or No  To you expect to make the same amount of income in 2021? Yes or No  To you expect to make the same amount of income in 2021? Yes or No  To you expect to make the same amount of income in 2021? Yes or No  Any individuals above with disabilities/mental health is sure. The targeting in the part of the income in 2021? Yes or No  Any individuals above pregnant?  Yes or No  Any individuals above recently adove re	SPOUSE EMPLOYMENT INFORMATION							
City: State:	Current Employer:							
Position:  Annual Income:  Anny individuals above with disabilities/mental health issues that affect their capability to work?  Anny individuals above pregnant?  Anny individuals above pregnant?  Anny individuals above recently adopted or placed in foster care?  Yes or No  Any individuals above recently adopted or placed in foster care?  Yes or No  Any individuals above recently get married?  Yes or No  Any individuals above lose coverage within 60 days?  Yes or No  Any individuals found not eligible for Medicaid or CHIP since 11/01/20?  Yes or No  Any individuals above need help with activities of daily living?  Yes or No  Any individuals found not eligible for Medicaid or CHIP since 11/01/20?  Yes or No  Any individuals above need help with activities of daily living?  Yes or No  Does anyone above pay alimony or student loans? Yes or No  Privacy Notice Statement:  I hereby agree that the information contained herein has been provided to the best of my knowledge. I understand that the information provided herein will be solely used by Healthcare Advisors LLC (DBA: GotToBelnsured.com) to search application and determine eligibility & enrollment through Healthcare.		T -						
Annual Income:   Annual Income:   Income in 2021? Yes or No   Income in 2021? Yes or N	City:		State:			'		
Will file a 2021 tax return?  Yes or No Any individuals above with disabilities/mental health issues that affect their capability to work?  Yes or No Any individuals above pregnant?  Yes or No Did you recently adopted or placed in foster care?  Yes or No Did you recently move?  Yes or No Will anyone shown above lose coverage within 60 days?  Yes or No Any individuals above recently released from incarceration?  Yes or No Does anyone above pay alimony or student loans?  Yes or No Privacy Notice Statement: I hereby agree that the information contained herein has been provided to the best of my knowledge. I understand that the information provided herein will be solely used by Healthcare Advisors LLC (DBA: GotToBeInsured.com) to search application and determine eligibility & enrollment through Healthcare.gov/ACA/EDE and will not be disseminated to any third party without prior consent.	Position:	Annual Income:			'			
Claiming dependents for 2021?  Yes or No Any individuals above pregnant?  Yes or No Any individuals above pregnant?  Yes or No Any individuals above pregnant?  Yes or No Any individuals above recently adopted or placed in foster care?  Yes or No Did you recently move?  Yes or No Did you recently move?  Yes or No Will anyone shown above lose coverage within 60 days?  Yes or No Any individuals above recently released from incarceration?  Yes or No Does anyone above pay alimony or student loans? Yes or No Privacy Notice Statement:  I hereby agree that the information contained herein has been provided to the best of my knowledge. I understand that the information provided herein will be solely used by Healthcare Advisors LLC (DBA: GotToBeInsured.com) to search application and determine eligibility & enrollment through Healthcare.gov/ACA/EDE and will not be disseminated to any third party without prior consent.								
Is everyone applying for coverage a US born citizen?  Yes or No Did you recently adopted or placed in foster care? Yes or No Did you recently move?  Yes or No Did you recently move?  Yes or No Did you recently move?  Yes or No Will anyone shown above lose coverage within 60 days? Yes or No Any individuals above recently released from incarceration?  Yes or No Does anyone above pay alimony or student loans? Yes or No Privacy Notice Statement: I hereby agree that the information contained herein has been provided to the best of my knowledge. I understand that the information provided herein will be solely used by Healthcare Advisors LLC (DBA: GotToBeInsured.com) to search application and determine eligibility & enrollment through Healthcare.gov/ACA/EDE and the information defined to any third party without prior consent.								
American Indian or Alaska Native?  Yes or No Did you recently move?  Yes or No Did you recently move?  Yes or No Will anyone shown above lose coverage within 60 days? Yes or No Any individuals above recently released from incarceration?  Yes or No Does anyone above pay alimony or student loans? Yes or No Privacy Notice Statement: I hereby agree that the information contained herein has been provided to the best of my knowledge. I understand that the information provided herein will be solely used by Healthcare Advisors LLC (DBA: GotToBeInsured.com) to search application and determine eligibility & enrollment through Healthcare.gov/ACA/EDE and will not be disseminated to any third party without prior consent.	The state of the s				1 - 1			
Did anyone above recently get married?  Yes or No Will anyone shown above lose coverage within 60 days?  Yes or No Any individuals above recently released from incarceration?  Yes or No Does anyone above pay alimony or student loans? Yes or No  Privacy Notice Statement: I hereby agree that the information contained herein has been provided to the best of my knowledge. I understand that the information provided herein will be solely used by Healthcare Advisors LLC (DBA: GotToBeInsured.com) to search application and determine eligibility & enrollment through Healthcare.gov/ACA/EDE and will not be disseminated to any third party without prior consent.	is everyone apprying for coverage a os born citizen?					Yes or No		
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	information provided herein will be solely used by Healthcare Advisors LLC (DBA: GotToBeInsured.com) to search application and determine eligibility &							
	Signature of applicant:					Date:		
Signature of spouse (only if joint):  Date:	Signature of spouse (only if joint):					Date:		
***** Upon completion please email (apply@gottobeinsured.com) / Fax: 800-873-5906 / Drop at office *****								

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