

Health Benefits Exchange Intake Form

Please complete this form before your appointment. We will be unable to help you if it is not complete and will have to reschedule your appointment.

If you will be applying on your own, this form outlines all the information you will need to have.

1. Do you need to get insurance through the Health Benefits Exchange?

Do you have **Medicare** (red white and blue card)? ___Yes ___No
 If yes STOP. You are not eligible to get subsidized insurance through the health benefits exchange

Do you have **Medicaid** for health insurance (blue ProviderOne card) ___Yes ___No
 If yes STOP. You already have health insurance and need to do nothing

Do you have **private insurance** or insurance through your employer? ___Yes ___No
 If yes, and it is NOT catastrophic coverage insurance, STOP. Most people with employer coverage are not eligible to purchase subsidized insurance through the Health Benefits Exchange.

You are eligible only if the cost YOU pay for premiums is over 9.5% of your income or if you have to pay 60% or more of the total cost for your premiums. You also may be eligible to purchase from the Health Benefits Exchange if your employee plan is a catastrophic plan. Check with your Human Resources department to find out if you are eligible.

If you are **under age 30** you may keep your catastrophic coverage if you chose and will not be subject to a penalty.

2. Information we need to use the Exchange with you. Must be completely filled out prior to your appointment.

List **every** member of the household even if you don't plan to purchase insurance for all of them. The information is **required** to calculate household size and subsidy eligibility (please see the table below). Please see the definitions of tax states, and choose an option for each member.

*Tax filing Status choices (what you report on your IRS tax forms):

- Head of Household
- Non filer (didn't file taxes)
- Dependent (**list who claimed the dependent please even if it's someone outside of the household**)
- Married filing jointly
- Married filing singly

Household Member Legal Name	Relationship (mom/spouse/son/unmarried Partner, etc.)	Tax filing Status THIS year*	Tax filing status LAST year*	Tax filing status NEXT year*	Date of Birth	Social Security # (you don't have to write it here if you know it)	Gross Income (before taxes)
1.							
2.							

3.							
4.							
5.							
6.							
7.							

Applicant Address: Note: A zipcode is required.	Applicant Date of birth:
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Email Address:

Note: An email address is **required** to sign up for health insurance through the WA Health Benefit Exchange.

Are you a registered American Indian/Alaskan Native?	Please check: Yes _____ No _____
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Do you have the ability to make a first payment electronically? (Credit, debit, or bank transfer).	Please check: Yes _____ No _____
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Note: Some people will not have any cost for insurance. For those that do, **electronic payment is the only choice for first payments**. After that you can send check or money order if you like.

Who is your primary care doctor (the one you see regularly)? Please write their name and practice if known:

Please list any specialists you want to be sure will be covered by your new plan:

How did you hear about us?

3. Please bring the following documents to your appointment:

- This filled out form
- Social security numbers for all family members
- Bring employer's name and address
- Proof of income if your income has changed since you last filed taxes
- Proof of Tribal status if you are a Registered American Indian/Alaska Native

We look forward to helping you get health insurance coverage!

