



# ACA Health Insurance Data

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mail Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

County \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_

Household Members: - Check Box to include for coverage:

- Name \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_

Income \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Income Amt \_\_\_\_\_

I authorize George E Daniel Jr as my agent with Marketplace and through carriers to assist me in the process and application for healthcare coverage. Agent NPN 1022608

Sign: \_\_\_\_\_ Dated: \_\_\_\_\_



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We recommend EFT Bank Draft, if you use a Debit Card and the Expiration Date is during the plan year, It is likely your plan will cancel for non-payment. Please use Bank Draft if you can to avoid this problem

## Payment Information

Credit Card Bank \_\_\_\_\_ Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ EX Date: \_\_\_\_\_ CVV Code \_\_\_\_\_

## EFT Bank Draft - Recommended

Name on Account \_\_\_\_\_ Bank Name \_\_\_\_\_

Transit # \_\_\_\_\_ Account # \_\_\_\_\_

\_\_\_\_\_ Renewal \_\_\_\_\_

Notes: I give my permission to renew my application for ACA Insurance. Please mention any changes below from last year, Include Address changes, phone number income amounts for the next year. Due to Covid-19 we are taking new and renewals over the phone 229-416-7030 Cell Phone

Notes on updates for renewal:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

You must contact me or discuss with me from 11-01-2020 to 12-15-2020. Do not wait to the last second, usually allow 5-10 minuets to renew your plan. Have your updated information available during call!