



Name:		
Street Address:		
City:		State:
Zip Code:		County:
Phone #:		
Email Address:		

Number of Individuals in Household for Tax Purposes:
Number of Individuals to be Covered:

List all individuals to be covered with corresponding information below:		
<u>Name</u>	<u>Date of Birth</u>	<u>Tobacco Use - Yes or No</u>

2019 Taxable Income or Modified Adjusted Gross Income (MAGI):

<u>List Name of Hospital(s) or Hospital Network(s) Below:</u>

<u>List Names of Doctors Below:</u>