

# Insurance Shops

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<b>APPLICANT INFORMATION</b>		How did you hear about us?						
Existing Client? Y N		Who is Your Agent / Who do you have an appointment with?						
Name:		DOB:		S/S#		M F Doctor:		
Address:			Apt#		City:		State: Zip:	
Phone:		Cell Phone:		E-mail:			Smoker: Yes No	
<b>EMPLOYMENT INFORMATION</b>				<b>SPOUSE EMPL. INFO</b>				
Employer/Self:				Employer Self Emp:				
Employer Phone:			Spouse Emp Phone					
Salary:			Spouse Salary:		Total Annual Income:			
<b>SPOUSE INFORMATION</b>								
Name:		DOB:		SS#		M F Doctor:		
Phone:		Cell Phone:		E-mail:			Smoker: Yes No	
<b>PAYMENT INFO</b>								
Check Debit Card Credit Card				Name:				
Rt#		Acct#			Card#			
Bank Name:		Exp Date:		Sec Code:				
<b>DEPENDANT'S INFORMATION</b>								
Dependant 1:		DOB:		SS#		M F Doctor:		
Dependant 2:		DOB:		SS#		M F Doctor:		
Dependant 3:		DOB:		SS#		M F Doctor:		
Dependant 4:		DOB::		SS#		M F :Doctor		
<b>STATUS</b>								
<b>Primary:</b> US Citizen Green Card		<b>Spouse:</b> US Citizen Green Card			<b>Dependant 1:</b> US Citizen Green Card			
<b>Dependant 2:</b> US Citizen Green Card		<b>Dependant 3:</b> US Citizen Green Card			<b>Dependant 4:</b> US Citizen Green Card			
<b>AKNOWLEDGEMENT</b>								
I certify that I have received a copy of the Privacy Policy and that I have entered all information in the Health Insurance Marketplace truthfully and accurately. I attest that I have created a dedicated email address to use for all correspondence to and from the Health Insurance Marketplace and/or Insurance Shops LLC or its affiliates. The information supplied on this application and any signed addendum is accurate and complete to the best of my knowledge. No material information has been written or omitted on any person applying. I understand that if my signature and date do not appear and/or my answers are incomplete, that application will be either rejected or returned for completion.								
Applicant Signature:				Date:				
Special Election Period Reason?					Trigger Date for SEP?			
<b>FOR OFFICE USE ONLY</b>								
Plan Name:			Premium Amount:			Starting Date:		
E-Mail:			User Name:			Password:		

Please bring the following documents to your appointment: 1. Income documents such as a recent pay stub, your most recent W2 Forms or Tax Returns 2. Proof citizenship or immigration such as US Passport or a Green Card