



# Marketplace Application Checklist

Please provide the following information:	
Client Name	
Address	
Phone Number	
Email Address	

When you apply for coverage, you will need to provide some information about you and your household.

Entire Household's Modified Adjusted Gross Income	
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Use the checklist below to help you gather what you need to apply for coverage

Last Name	First Name	MI	Gender	DOB mm/dd/yyyy	SSN	Tobacco (usage within 6 months)	Relationship to Applicant
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

Do you, or anyone applying for coverage currently have health care coverage?  Yes  No

If YES, please complete the following:

Type of coverage (Group or Individual)	Ending Date of Coverage
Employer Name (If applicable)	Employer Phone

To expedite the enrollment process, please have these items completed before appointment:

<b>Create a username.</b> Case sensitive / must be 6-74 characters long and must contain both letters and numbers (it can be your email)
<b>Create a password.</b> Must be 8-20 characters long, and include at least 1 upper case letter and 1 number.

Select 3 security questions below and complete answer next to question. ONLY answer 3. The answers to your security questions must contain letters or numbers and can't be longer than 30 characters. The following special characters are allowed, as long as they follow a letter or number. This means that your answers can't start with one of these characters, apostrophe ('), hyphen (-), spaces, period (.).

What is your favorite radio station?	
What was your favorite toy when you were a child?	
What is your favorite cuisine?	
What is the first name of your oldest niece?	
What is a relative's telephone number that is not your own?	
What is the name of your favorite pet?	
Type of significant date in your life?	
In what city was your mother born?	
What is the name of your favorite childhood friend?	
What is your parents wedding anniversary date?	
What is the name of the manager at your first job?	
What is the nick name of your grandmother?	

**You must be able to access your email address to complete your marketplace account. If you do not have an email account, please create a free Gmail or Yahoo email address before your appointment.**

**Please bring: Your email address and password, and Last year's tax return (IRS Form 1040) and W2**

## DISCLOSURE AND ACKNOWLEDGEMENT

You understand and acknowledge that the undersigned agent ("Agent") and Savage and Associates are representing various insurance carriers and optional forms of benefits available through the web portal known as healthcare.gov (the "Website"). The work in enrolling you for healthcare involves the collection of significant health information and financial information. This information is inputted into the Website, and not otherwise retained by the Agent or Savage and Associates.

In connection with this work, we want to make the following items clear to you:

1. The information we enter on the Website is based on information you provide, and any representations you make are accurate, to the best of your knowledge; and
2. We are not responsible and therefore not liable for any representation you make; and
3. We do not retain copies of any financial information you provide in connection with completing information on the Website, and any such information shall be returned to you upon completion of the application. In addition, we *[will/will not]* retain enrollment information, which may contain protected health information. If we are authorized to retain such information, we will only do so for three (3) years, or as you direct in writing, whichever is shorter; and
4. We are not responsible for any loss of health information submitted to or through the Website, whether due to security breach or otherwise and
5. Eligibility for a tax subsidy or the amount of any subsidy that is provided by or through the Website are estimates based upon your representation of anticipated income through the year, and are not to be construed as tax advice or an assurance of your eligibility for any subsidy or the amount thereof.

Signature:

Print Name:

Date:

Agent Signature:

Agent Name:

Date: