

Pre-Enrollment Form

Bring this completed form to your appointment Date _____ Appointment Time _____

Primary Applicant's Information

See back of this form to enter Required Employer / Self-Employment information.

Primary Insured _____ Birthdate _____ Age _____

Address _____ SSN _____

City _____ Zip _____ County _____

Phone _____ eMail _____

I am a U.S. Citizen / National: Yes No

Household Income _____ I File Taxes : Head of Household Jointly Single

"Household Income" is amount entered on 1040 tax form. See the back of this form for examples of taxable income.

Household Member Information

"Household Member" is each person included on your 1040 tax form.

Complete for "Each Household Member" Whether They are Applying for Insurance or Not.

#2 _____ YES NO
Name M / F Birthdate Age SSN US Citizen or National?

#2 _____ YES NO
Name M / F Birthdate Age SSN US Citizen or National?

#2 _____ YES NO
Name M / F Birthdate Age SSN US Citizen or National?

#2 _____ YES NO
Name M / F Birthdate Age SSN US Citizen or National?

#2 _____ YES NO
Name M / F Birthdate Age SSN US Citizen or National?

Consultation Notes:

Case # _____ CC Code _____

Effective Date _____ Carrier _____ Plan _____

PH Premium _____ Subsidy _____ Plan Premium _____

User Name _____ PW _____ PIN _____

Client Source _____

DCD Insurance Services 831.423.8542 1123 Soquel Av Santa Cruz, Ca. 95060

Agents: Pamela Fugitt-Hetrick Robert Jaramillo (Se Habla Espanol) LaVyrne Lomas

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Household Employment Information

Provide required employment information below.

Business Name	<input type="checkbox"/> Employer	<input type="checkbox"/> Self-Employment	Household Member
Business Address			City
Business Name	<input type="checkbox"/> Employer	<input type="checkbox"/> Self-Employment	Household Member
Business Address			City
Business Name	<input type="checkbox"/> Employer	<input type="checkbox"/> Self-Employment	Household Member
Business Address			City
Business Name	<input type="checkbox"/> Employer	<input type="checkbox"/> Self-Employment	Household Member
Business Address			City

Calculating Household Income

This is a list of the most common types of household income.
Total your household income and enter it on page 1 of this form.

_____	Wages, Salaries, Tips	_____	Capitol Gains
_____	Self-Employment Income	_____	Dividends
_____	Un-Employment Benefit	_____	Interest
_____	Disability Benefits	_____	Work Study Income
_____	Rental Income	_____	Social Security Benefits
_____	Alimony	_____	Retro-Active SS Benefits
_____	Tax Refunds	_____	Taxable Amount of :
_____	Veteran's Disability	_____	- IRA Distribution
_____	Lottery Winnings	_____	- Pension
_____	Farm Income	_____	- Annuity

If you are not sure of your income, consult your tax advisor.

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