

# 2023 Annual Intake Form

**||Form must be returned before your appointment||** Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**See the back of this form to enter Required Employer/ Self Employment Information**

## Primary Applicant's Information

Primary Applicant's  
Legal Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ SSN \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

I am a US Citizen or National: YES  No

## Household Members' Information

**"Household" is each person included on your 1040 Tax form**

Estimated Household

Income for **2023**

(see other side) \$ \_\_\_\_\_ I file taxes: Head of Household  Jointly  Single

**Complete below for each member of your Household whether they are applying for Insurance or not**

\_\_\_\_\_  
Name M/F Birthdate Age SSN US Citizen: Y  N

\_\_\_\_\_  
Name M/F Birthdate Age SSN US Citizen: Y  N

\_\_\_\_\_  
Name M/F Birthdate Age SSN US Citizen: Y  N

\_\_\_\_\_  
Name M/F Birthdate Age SSN US Citizen: Y  N

\_\_\_\_\_  
Name M/F Birthdate Age SSN US Citizen: Y  N

### For Office Use Only

**Consultation Notes:** Case # \_\_\_\_\_ CC Code \_\_\_\_\_

Effective Date: \_\_\_\_\_ Carrier: \_\_\_\_\_ Plan: \_\_\_\_\_

PH Premium: \_\_\_\_\_ Subsidy: \_\_\_\_\_ Plan Premium: \_\_\_\_\_

UserName: \_\_\_\_\_ Password: \_\_\_\_\_ PIN: \_\_\_\_\_

Notes:

**Client Source: MAM ED1 CST PHH PFH**

DCD Insurance Services 1123 Soquel Ave., Santa Cruz, CA 95062

office: (831) 423-8542, fax: (831) 423-5714

Agents: Pamela Fugitt-Hetrick

Journey Bailie

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## Household Employment Information

Provide required employment information below

1. Business Name	Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/>	Household Member
Business Address	City	Zipcode
2. Business Name	Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/>	Household Member
Business Address	City	Zipcode
3. Business Name	Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/>	Household Member
Business Address	City	Zipcode
4. Business Name	Employer <input type="checkbox"/> Self-Employed <input type="checkbox"/>	Household Member
Business Address	City	Zipcode

## Calculating Household Income

This is only a list of the most common types of Household income, please total your Household income and enter it on the other side of this form

- |   |   |                    |   |
|---|---|--------------------|---|
| <input type="checkbox"/> Wages, Salaries, Tips  | <input type="checkbox"/> Tax Refunds              | Taxable amount of: | <input type="checkbox"/> IRA Distribution |
| <input type="checkbox"/> Self-Employment Income | <input type="checkbox"/> Veteran's Disability     |                    | <input type="checkbox"/> Pension          |
| <input type="checkbox"/> Unemployment           | <input type="checkbox"/> Lottery Winnings         |                    | <input type="checkbox"/> Annuity          |
| <input type="checkbox"/> Disability Benefits    | <input type="checkbox"/> Farm Income              |                    |   |
| <input type="checkbox"/> Rental Income          | <input type="checkbox"/> Capitol Gains            |                    |   |
| <input type="checkbox"/> Alimony                | <input type="checkbox"/> Dividends                |                    |   |
| <input type="checkbox"/> Tax Refunds            | <input type="checkbox"/> Social Security Benefits |                    |   |
| <input type="checkbox"/> Interest               | <input type="checkbox"/> Retro-Active SS Benefits |                    |   |

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

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