

2025 Annual Intake Form

||Form must be returned before your appointment||

Appointment Date: _____ Time: _____

See the back of this form to enter Required Income 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 2025

(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 <input type="checkbox"/> N <input type="checkbox"/>
Name _____	M/F _____	Birthdate _____	Age _____	SSN _____	US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>
Name _____	M/F _____	Birthdate _____	Age _____	SSN _____	US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>
Name _____	M/F _____	Birthdate _____	Age _____	SSN _____	US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>
Name _____	M/F _____	Birthdate _____	Age _____	SSN _____	US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>

For Office Use Only

Consultation Notes:

Case # _____

CC Code _____

Effective Date: _____

Carrier: _____

Plan: _____

PH Premium: _____

Subsidy: _____

Plan Premium: _____

Notes:

Client Source: MAM ED1 CST PHH PFH JB

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 Income Information

Provide required income information below to match total Household Income

1. Income Name **Household Member** **Income Amount**

Employer Self-Employed Rental Interest Dividends Capital Gains
 Retirement Social Security Other _____

2. Income Name **Household Member** **Income Amount**

Employer Self-Employed Rental Interest Dividends Capital Gains
 Retirement Social Security Other _____

3. Income Name **Household Member** **Income Amount**

Employer Self-Employed Rental Interest Dividends Capital Gains
 Retirement Social Security Other _____

4. Income Name **Household Member** **Income Amount**

Employer Self-Employed Rental Interest Dividends Capital Gains
 Retirement Social Security Other _____

5. Income Name **Household Member** **Income Amount**

Employer Self-Employed Rental Interest Dividends Capital Gains
 Retirement Social Security Other _____

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