

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

_____	_____	_____	_____	_____	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"/>
Name	M/F	Birthdate	Age	SSN	

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

Agents: Pamela Fugitt-Hetrick

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

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

- ☐ Wages, Salaries, Tips
☐ Self-Employment Income
☐ Unemployment
☐ Disability Benefits
☐ Rental Income
☐ Alimony
☐ Tax Refunds
☐ Interest

- ☐ Tax Refunds
☐ Veteran's Disability
☐ Lottery Winnings
☐ Farm Income
☐ Capital Gains
☐ Dividends
☐ Social Security Benefits
☐ Retro-Active SS Benefits

- Taxable amount of: ☐ IRA Distribution
☐ Pension
☐ Annuity

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

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