



# 2018 年申請奧巴馬優惠醫療保險事實申報

- Please provide your family data to apply for health insurance with Obamacare.

請填寫您的家庭事實：為您和您的家人申請奧巴馬優惠醫療保險。

Home address 家庭住址 \_\_\_\_\_

Home phone # 電話號碼 \_\_\_\_\_

Company Name: \_\_\_\_\_

(公司名稱)

Email address 電子郵件 \_\_\_\_\_

## Health Insurance Providers List:

- Providence
- Kaiser
- Blue Cross
- Lifewise
- Oregon HP, etc.

Name	Birthday (m-d-yy)	Relation	Gender (M / F)	Social Security Number	Driver License #, state	US-Citizen/ Greencard # / or Others	Anyone smoking? (Yes / No)
姓名 (用英語) (列出全家每個人, 要與證件上的一致)	生日 (m-d-yy)	家庭關係	性別 (男/女)	社會安全號碼 (工卡號碼)	駕駛證號碼, 發證的州	美國公民 / 綠卡 號碼 / 其他身份	是否吸煙 (yes/no)
		Self 自己					
(Sample) Evele Y. Smith	6/15/69	wife	F	321-45-6789	1234567, OR	US Citizen	No

**Employment:** Date hired (mm/yy) \_\_\_\_\_, Average work hours/week \_\_\_\_\_, Business owner? (Yes, No)  
 僱員/工人就業記錄: 受聘日期 (年/月) \_\_\_\_\_, 平均每星期工作小時 \_\_\_\_\_, 是業主(或家屬)嗎? (是, 不是)

**Family Income:** If you apply for financial ads for health insurance, we need your family income data. Please fill in your family income *Last Month* (2017) total \$ \_\_\_\_\_, and *projected year 2018* total \$ \_\_\_\_\_. For data verification, we need copy of last month payroll pay-stubs, 2016 W-2 and tax return Form 1040 (first two pages).

家庭收入: 請填寫您的家庭上個月 (2017) 收入總額 \_\_\_\_\_, 估算 2018 年一年收入總額 \_\_\_\_\_. 為了查證數據 我們需要複印您的家庭上個月的所有工資支票存根, 去年 (2016) 所有的 W-2 和家庭報稅表 1040 (第 1, 2 頁).

(Note, if your family are not going to apply for Obamacare, you can skip family income. 如果你的家屬不打算申請奧巴馬醫保, 可以不填家屬收入)

**Tips:** Use your cell phone to take pictures of documents and email the pictures to us: [hwu475@gmail.com](mailto:hwu475@gmail.com).

溫馨提示: 使用您的手機給所有文件拍照, 並通過電子郵件將照片發送給我們: [hwu475@gmail.com](mailto:hwu475@gmail.com)

**Agreement:** I am \_\_\_\_\_ (print name 填寫您的姓名). I agree to provide my family personal data (birthday, SSN, income, etc.) for Henry Hu Agency to assist me to apply for benefits of health insurance. I know the data will be forwarded to US government and I agree to take full responsibility for the data I provided. Henry Hu Agency will keep the data confidential for applying insurance only and protect privacy of all applicants.

Applicant signature \_\_\_\_\_  
(申請人簽字)

Date \_\_\_\_\_  
(日期)

**Henry Hu** Insurance agent with FFM and Farmers

- 讓我們來幫您申請奧巴馬優惠醫保, 省時又省錢

Tel: (503) 693-2423, Web: [www.usHenryHu.com](http://www.usHenryHu.com)

Office: 4547 SW Scholls Fry Rd. #C, Portland, OR 97225

# 僱主/ 業主團體健康保險事實申報

( 請注意 此表單是由僱主或其經理來完成 )

Business/Company Name
Business Address (local)
Mailing address for billing
Federal employer tax ID (FEIN)
Office telephone #
Business description (what type)

## Company contact person / manager

Name
Title
Phone #
email

## Company health insurance information

Total employees (on payroll) #
Company contribution (to pay 50%, or 100%)
Employees how to qualify (fulltime, hours/week)
Insurance for family members (yes, no)?

## Company workers compensation insurance

Insurance company name
Policy number
Current policy expire date

## This form prepared by

Name
Title
Date



# Oregon

Kate Brown, Governor

**Department of Consumer and Business Services**  
**Oregon Health Insurance Marketplace**

350 Winter St. NE  
P.O. Box 14480  
Salem, OR 97309-0405  
855-268-3767  
Fax: 503-947-7092

June 18, 2018

**Sample of SHOP Approval Letter for Small Business Tax Credit**

(This letter works as the government pass/payment coupon for IRS tax refund)

CHOU  
ERICA  
3<sup>RD</sup> DRIVE, STE 270  
PORTLAND OR 97211

**Re: Marketplace Small Employer Program Eligibility Notice**

Dear Sharon Chou:

We have reviewed your policy information for plan year 2018 and determined that your small business would be eligible to participate in the employer program with the Marketplace.

If you wish to apply for the IRS Small Business Tax Credit, you will need to provide this notice with your tax documentation to your tax professional. This notice provides confirmation that you have purchased the following Marketplace certified employer program plans:

Insurance company	Plan name	Plan ID
Kaiser Permanente	KP OR Bronze 6600/40	71287OR0570007-01
Kaiser Permanente	KP OR Platinum 0/20	71287OR0430001-01
Kaiser Permanente	KP OR Choice 80 Pediatric Dental Plan	71287OR0600002-01

The Marketplace does not determine eligibility for the IRS Small Business Tax Credit. You can find more information about tax credit options by contacting a tax professional or by visiting [irs.gov](http://irs.gov).

If you have any questions, please send them via e-mail to [marketplace@oregon.gov](mailto:marketplace@oregon.gov).

Sincerely,

Amy Coven  
Marketplace Small Employer Program