

2018 Health Insurance Fact Find

- Please provide your family data to apply for health insurance and **Obamacare-SHOP**.



Health Insurance Providers List:

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

Home address _____

Home phone # _____ Company Name _____

Email address _____

Legal Name All family members listed on tax form 1040 (First Mid Last)	Birthday (m-d-yy)	Relation	Gender (M / F)	Social Security Number	Driver License #, state	US-Citizen/ Greencard # /or Others	Anyone Smoking? (Yes / No)
		Self					

Sample Data Entry

Evelyn Y. Smith	6/15/69	Wife	F	321-45-6789	1234567, OR	US Citizen	No
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Employment: Date hired (mm/yy) _____, Average work hours/week _____, Business owner? (Yes, No).

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

(Note, if your **other family members** are not going to apply for Obamacare health insurance, you can **skip** their family income.)

Tips: Use your cell phone to take pictures of documents and email the pictures to us: hwy475@gmail.com.

Agreement: I am _____ (print name). 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 _____

Date _____

Henry Hu Farmers Insurance and FFM Agent
- 16 years serving Oregon and Washington

Tel: (503) 693-2423, **Web:** www.usHenryAgency.com
Office: 4547 SW Scholls Fry Rd. #C, Portland, OR 97225

Employer / Owner Insurance Fact Find

(Note, this form is for owner/managers to complete)

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
3RD 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.

If you have any questions, please send them via e-mail to marketplace@oregon.gov.

Sincerely,

Amy Coven
Marketplace Small Employer Program