



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 Form1040 (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.
 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

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
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

