



申請奧巴馬優惠醫療保險 (ACA) 事實申報

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

Health Insurance Providers List:
- Providence
- Kaiser
- Blue Cross
- Lifewise
- Oregon HP, etc.

Home address 家庭住址 _____
Home phone # 電話號碼 _____ Cell phone # (手機號碼) _____
Email address 電子郵件 _____

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) (separate)	家庭關係	性別 (男/女)	社會安全號碼 (工卡號碼) separate 分开写	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

Note: If you do not have required documents below, we may help you to work out. Please call us (503) 693-2423.
重要提示：以下文件並不是必須的，如果您沒有所需文件，我們可能會幫您解決問題。請致電：(503) 693-2423.

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* (2022) total \$_____, and *projected year 2023* total \$_____. For data verification, we need copy of last month payroll pay-stubs, 2021/2022 W-2 and tax return Form1040 (first two pages).
家庭收入：請填寫您的家庭上個月 (2022) 收入總額 _____，估算 2023 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 2021 或 2022 所有的 W-2 和家庭報稅表 1040 (第 1, 2 頁).

Tips: Use your cell phone to take pictures of documents and email the pictures to us: hwu475@gmail.com.

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
(Note: for data security, please hide birthday and SSN on documents, and send them to me by: separate mail, or set passwords, or call me directly, etc.)

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