

Health Insurance Fact Find



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

Home address _____

Home phone # _____ Cell/Work _____

Email address _____

Health Insurance

Providers List:

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

Legal Name All family members listed on tax form 1040 (First Mid Last)	Birthday (m-d-yy) (Separate)	Relation	Gender (M / F)	Social Security Number (Separate)	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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Note: If you do not have required documents below, we may help you to work out. Please call us (503) 693-2423

Family Income: If you apply for financial aids for health insurance, we need your family income data. Please fill your family income Last Month (2022) total \$ _____, and projected year 2023 total \$ _____. For verification, we need copy of last month payroll pay-stubs, 2021/2022 W-2 and tax return Form 1040 (first 2 pages)

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

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

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
- 20 years serving Oregon and Washington

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