



# BATES HEWETT & FLOYD

RISK & INSURANCE

## Affordable Care Act Qualifying Information Sheet

### Personal Data

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ SS: \_\_\_\_\_  
Are you a tobacco user?  Yes  No Marital Status:  Single  Married  Divorced  Other: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_  
Spouse Legal Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_  
Is your spouse a tobacco user?  Yes  No Spouse SS: \_\_\_\_\_ Spouse Number: \_\_\_\_\_

### Children

Child Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS: \_\_\_\_\_

### Subsidy Information

Tax Filing Status  Married  Single If married:  file joint  file separate  
2023 anticipated Adjusted Gross Household Income on Tax Return (Line 37): \_\_\_\_\_  
Source of Income: \_\_\_\_\_  
Are you or your spouse offered group coverage from employer?  Yes  No  
Claim any dependents on your **Tax Return**?  Yes  No If yes, number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_