



Oberlin Marketing

Supporting the direction of your business

INDIVIDUAL MEDICAL QUOTE FORM

Name: _____ Date of Birth: _____ Tobacco: _____ M/F: _____

Spouse: _____ Date of Birth: _____ Tobacco: _____ M/F: _____

Gender & DOB Children: _____, _____, _____, _____

State: _____ Zip Code: _____ County: _____

Circle Type of Quote(s) Needed:

Individual Major Medical	Short Term Medical	Dental	Vision
Hospital Indemnity	Cancer	Critical Illness	Travel
			Accident

Non-Insurance: Health Share Ministry

Coverage needs to be effective: _____ **Dr/Hospital:** _____

Is Employee Coverage Available? Y N

- To be eligible for a subsidy, the group coverage must be considered NOT affordable. The employee's share of premiums for the lowest cost self-only coverage must be more than 9.69% of the household income (if known) or W2 wage. Group coverage must also be at least at 60% of minimum value rule.

Household income: _____

How many live in Household: _____

How many claimed on tax return: _____

*Income information is needed only if your client would like to see if eligible for a subsidy and or cost share reduction on the exchange. If no subsidy is needed, income information is not necessary.

Additional Information:

Agent Name: _____

Preference for Reply: **E-Mail** **Fax** **Phone** **Pickup Information**