



# 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