



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:** _____

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

State: _____ **Zip Code:** _____ **County:** _____

Short Term Medical: UHOne National General Allied Pivot Health

OTHER: Hospital Indemnity Cancer Critical Illness Accident

Dental: Medico Ameritas Spirit Humana UHOne Anthem Other

Non-Insurance HSM: Medi-Share **ACA:** CareSource Ascension Anthem Cigna

Other: Anthem Enhanced Choice

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

For ACA Plans only:

Is Employee Coverage Available? Y N

- To be eligible for a subsidy, the job-based coverage must be considered NOT affordable. Affordable is defined as job-based lowest cost, self-only health coverage that costs 9.12% or less of the employee's annual household income and meets the minimum value standard.
- For Plan Years 2022 & 2023, income above 400% FPL may be eligible for APTC.

Household income: _____

How many live in Household: _____

How many claimed on tax return: _____

Additional Information:

Family size – 2022 Federal Poverty Levels:

1 = \$13,590 - \$54,360	5 = \$32,470 - \$129,880
2 = \$18,310 - \$73,240	6 = \$37,190 - \$148,760
3 = \$23,030 - \$92,120	7 = \$41,190 - \$167,640
4 = \$27,750 - \$111,000	8 = \$46,630 - \$186,520

Agent Name: _____

Save & Document quote then:

E-MAIL

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