

OBAMACARE APPLICATION

Applicant's Name: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Household Income: monthly / annual \$ _____ Tax filing status: Single Married Filed Jointly Head of Household

Apply ?	Name	Relation to #1	Gender M/F	Citizen Y/N	Date of Birth mm/dd/yyyy	Social Security
<input type="checkbox"/>	1	Self				
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
Passport # / Citizen # / Naturalization # / Alien #		Green Card - Card #			Green Card's Expiration Date	
1						
2						
3						
4						
5						
W2 or 1099?	Employer Name (W2) / Type of Work (1099)	How often do you get paid?	Amount			
	1		\$			
	2		\$			
	3		\$			
Person #	Other income (Retirement, unemployment, interests, etc.)	How often do you get paid?	Amount			
			\$			
			\$			

Who is primary tax filer? # _____ Tax dependents? # _____ Dependent also filed individually? _____

Got Medicare? # _____ Disabled? # _____ Pregnant? # _____

Applicant's Signature: _____ Date _____

Instructions:

Fill out information of ALL members who are on your tax return, even if they don't want to apply for health insurance.

If you're married, you need to file tax jointly. If you file separately, you will not be qualified for Premium Tax Assistance.

Required Documents to submit:

1. **Citizenship** proof (Passport or Naturalization certification) / **Green card** for permanent residents
2. Driver license
3. **Proof of income** (pay stubs, bank statements, tax return, schedule C, etc.)

Office Locations:

1. **Orange County – CISA Common Insurance Services Agency Office**
14541 Brookhurst St, Suite A7, Westminster CA 92683
2. **Los Angeles County – Vietnamese American Senior Association Office**
9241 Valley Blvd, Suite 103, Rosemead, CA 91770

Call **(800) 900-8850** if any questions or make appointments

Email: CISA@common-insurance.com

 Number of people in your household	 If your 2015 household income is less than...	 If your 2015 household income is between...
1	\$16,105	\$16,105 – \$46,680
2	\$21,708	\$21,708 – \$62,920
3	\$27,311	\$27,311 – \$79,160
4	\$32,913	\$32,913 – \$95,400
5	\$38,516	\$38,516 – \$111,640
	You may be eligible for Medi-Cal	You may be eligible for financial help to purchase insurance through Covered California

Notes:

Office Use Only

Case Number: _____ Access Code: _____ Effective Date: _____

Chosen Health Plan: _____ Monthly Payment: _____

Application accepted by: _____ processed by: _____