



PERSONAL INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____
DATE OF BIRTH: ___/___/___ SEX: M ___ F ___ SOCIAL SECURITY #: _____
ADDRESS: _____ APT #: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE #: _____ ALTERNATE PHONE #: _____
MARITAL STATUS: MARRIED ___ SINGLE ___ DRIVER'S LICENSE OR ID # _____
U.S. CITIZEN: YES ___ NO ___ IF NO, ALIEN NUMBER: _____

INCOME INFORMATION

ARE YOU WORKING? YES ___ NO ___ (Attach proof of income – W2, paystub, Income Tax records)
EMPLOYER'S NAME (if working): _____
DO YOU RECEIVE MONEY FROM ANY OTHER SOURCE (unemployment, social security)? YES ___ NO ___
IF YES, WHAT IS THE SOURCE OF INCOME? _____
IF MARRIED, DOES YOUR SPOUSE WORK? YES ___ NO ___ (Attach proof of income)
WHAT IS THE TOTAL INCOME YOU (and your spouse) WILL RECEIVE THIS MONTH? _____
(Include money from your employer, your spouse's employer, unemployment compensation, social security, etc.)
Any change to your income should be reported to the Plan.

INSURANCE INFORMATION

ARE YOU ELIGIBLE FOR AN EMPLOYERS HEALTH PLAN? YES ___ NO ___
ARE YOU ELIGIBLE FOR A HEALTH OR HOSPITAL INSURANCE POLICY? YES ___ NO ___
ARE YOU ELIGIBLE FOR MEDICARE OR MEDICAID? YES ___ NO ___

I certify, under penalty of law, that all the information I have written on this form (or as told to intake worker) is a true and accurate statement of my family income. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. I also know that if I have intentionally left out any information, or if I have given false information that permits me to receive medical coverage I am not entitled to, I can be disenrolled from the plan and may be prosecuted for fraud.

SIGNATURE: _____ DATE: _____



MONTHLY INCOME/EXPENSES FORM

MONTHLY INCOME INFORMATION:

INDIVIDUAL _____

SPOUSE _____

SUB TOTAL: _____

MONTHLY EXPENSES:

MORTGAGE OR RENT _____

UTILITIES _____

CAR PAYMENT _____

INSURANCE COSTS _____

CREDIT CARD/LOANS _____

FOOD/CLOTHING _____

SUB TOTAL: _____

TOTAL INCOME MINUS EXPENSES: _____

(Please include proof of income – W2, Income Tax Statement)

(Please include a copy of your mortgage or rent statement for verification)