

Sign-up to get your Marketplace application started for yourself/family and enrolled. Please include the best number to contact you. You must have your information with you at the scheduled time in order to complete enrollment.

- *Information you will need at your scheduled Appointment time
- *Anyone who is on your tax return or needing health coverage you will need their full name, date of birth, social security number.
- *Employer (Name and phone number) & Income Information for yourself and anyone who is on your tax return or needing health coverage. You will need to have an estimate of your household income for the year the coverage is needed.
- * If you want us to look up a doctor for the network, please have the correct spelling and zip code.

DAY/MONTH

TIME	FULL NAME	PHONE #