

OBAMACARE

This form contains requirement for Healthcare.gov (User ID PJDESAI) (NPN# 3757505)

Paresh Desai	
Phone: 770-231-5109	Fax: 770-545 6207
Email ID: pareshdesai@bellsouth.net	

APPLICANT INFORMATION

NAME:	M/F (Circle one)	DOB(MM/DD/YY):
ADDRESS:		SSN:
CITY:		IMMI STATUS:
STATE:		PHONE:
ZIP:		Currently Insured (circle one): Y / N
COUNTY:		Email Address:

SPOUSE INFORMATION

NAME:	M/F (Circle one)	SSN:
DOB(MM/DD/YY):		IMMI STATUS:

EMPLOYMENT INFORMATION

EMPLOYER:
YEARLY HOUSE HOLD INCOME(TOTAL):

DEPENDENT INFORMATION (CHILDREN AND PARENTS)

NAME	IMMI STATUS	GENDER	DOB (MM/DD/YY)	SSN

As your agent, our sole purpose is to service your needs as best we can. We will continue to do so at least until the next enrollment period unless requested otherwise via writing that you would like to seek assistance from another agent. As our client, you are responsible to provide us with your personal information to the best of your knowledge. This information given to us will be used to renew your insurance coverage when needed. Looking out for our client's best interest is our priority.

SIGNATURE

DATE _____