



# Get Ready to **ENROLL WORKSHEET**

To make the process of applying for health insurance a bit easier, use this worksheet to gather important details and think through key factors that will impact your buying decision. Then bring this worksheet to your appointment. Don't have an appointment? Visit [ConnectforHealthCO.com/person-help](http://ConnectforHealthCO.com/person-help)

Name	
Current Address	
Email	Phone Number
Current Health Insurance Company	Current Policy Number

## PERSONAL INFORMATION (Please gather the following details for you and every member of your family.)

Name	Date of Birth	Social Security Number
Employer Name	Health Insurance Company / Policy Number	
Name	Date of Birth	Social Security Number
Employer Name	Health Insurance Company / Policy Number	
Name	Date of Birth	Social Security Number
Employer Name	Health Insurance Company / Policy Number	
Name	Date of Birth	Social Security Number
Employer Name	Health Insurance Company / Policy Number	

## ANNUAL HOUSEHOLD INCOME

Consider everyone included on your tax return and add up their wages, salary, self-employment income, interest and dividends received, alimony received, Social Security and other income BEFORE taxes are taken out, minus any deductions. **Get help calculating this – <http://bit.ly/2yjudnm>**

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## MEDICAID

If you are applying for Health First Colorado (Colorado's Medicaid Program) and you or anyone else in your family has been (or is currently on) Medicaid, please list the following:

State ID Number	Primary Account Holder Name & Social Security Number
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## HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD?

Include your spouse, if you have one, plus all dependents shown on your federal tax return – even if they don't need coverage.

## YOUR HEALTHCARE NEEDS

Consider if you and your family will need the same, more or less medical care in the coming year.

How often do you see your doctor(s) each year?

Do you have any chronic medical conditions (e.g. diabetes, heart disease, cancer)? If yes, list them below.

YES

NO

Are you planning to have any surgeries this year?

Are you thinking of having a baby this year?

Do you see yourself going to the Emergency Room because of health or lifestyle?

Do you travel often and need coverage outside of your local area?

## YOUR PRIORITIES (What matters the most to you?)

Prescription Name	Perscription Strength	Must-Have	Nice-to-Have
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Doctors or Hospitals	Name & City	Must-Have	Nice-to-Have
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

## HOW MUCH CAN YOU AFFORD?

What can you afford for your monthly Premium?

\$

Let's think about the Deductible. How much could you afford to pay upfront (in the case of a bad accident or serious illness) before your insurance starts to help you pay?

\$

**ConnectforHealthCO.com**

855-PLANS-4-YOU (855-752-6749)

TTY: 855-346-3432

