Royal Financial Solutions LLC

Health Insurance Intake Questionnaire (Marketplace • Medicare • Medicaid)

Please complete as much information as possible so we can prepare accurate plan options and quotes.

Primary Applicant Information

Full Name _____

DOB _____ Age _____

Phone _____ Email _____

Address _____

City _____ State ____ Zip _____

Marital Status: Single / Married / Divorced / Widowed

Household Information

People in household _____

People claimed on tax return _____

Who needs coverage? _____

Household Member 1 Name/DOB/Relationship _____

Household Member 2 _____

Household Member 3 _____

Household Member 4 _____

Income Information

Estimated annual household income $_____

Employment: Full-Time / Part-Time / Self-Employed / Retired / Unemployed

Number of jobs _____

Expected income from all jobs $_____

Income reported on taxes? Yes / No

Expected income changes? _____

Coverage Needs

Primary Care Doctor _____

Specialists _____

Preferred Hospital _____

Prescription Medications _____

Looking for: Primary Care / Specialists / Prescriptions / Hospital / Dental / Vision / Hearing / Mental Health / Lowest Premium / Lowest Deductible / Other

Current Coverage

None / Employer / Marketplace / Medicare / Medicaid / Other

Additional Notes

Medical conditions _____

Preferred contact: Phone / Text / Email

Best time to call _____

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