

ACA Short Form

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|--|----------------|----------------------------------|-----------------|
| Date: | | ID# | Location: |
| ACA User Name : | | Password : | |
| EMAIL : | | | |
| SECURITY ANSWERS: | | | |
| APPLICANT | | Male / Female | Smoker Yes / No |
| Name: | Middle: | Last: | |
| Date of Birth: | SSN: | Phone: | |
| Address: | | County: | |
| City: | State: | Zip Code: | |
| Citizen or Permanent Resident or Visa? | | A# | |
| Medicare / Medicaid or Other Insurance? | | No. | |
| SPOUSE | | Male / Female | Smoker Yes / No |
| Name: | Middle: | Last: | |
| Date of Birth : | SSN: | Phone: | |
| Citizen or Permanent Resident or Visa? | | A# | |
| Medicare / Medicaid or Other Insurance? | | No. | |
| DEPENDENT 1 | | Male / Female | |
| Name: | Middle: | Last: | |
| Date of Birth : | SSN: | Full-Time College Student? Y / N | |
| Citizen or Permanent Resident or Visa? | | A# | |
| CHIP / Medicaid or Other Insurance? | | No. | |
| DEPENDENT 2 | | Male / Female | |
| Name : | Middle: | Last: | |
| Date of Birth : | SSN: | Full-Time College Student? Y / N | |
| Citizen or Permanent Resident or Visa? | | A# | |
| CHIP / Medicaid or Other Insurance? | | No. | |
| DEPENDENT 3 | | Male / Female | |
| Name : | Middle: | Last: | |
| Date of Birth : | SSN: | Full-Time College Student? Y / N | |
| Citizen or Permanent Resident or Visa? | | A# | |
| CHIP / Medicaid or Other Insurance? | | No. | |
| EMPLOYMENT <input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> | | | |
| Current Employer: | | | |
| Address: | | | |
| Wages: | Yearly Income: | Phone: | |
| SPOUSE EMPLOYMENT <input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> | | | |
| Current Employer : | | | |
| Address: | | | |
| Wages: | Yearly Income: | Phone: | |
| Ins Company & Plan: | | | |
| Premium: | Subsidy: | Payment: | |
| Notes: | | | |
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