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HOW IS OBAMACARE (ACA) GOING TO AFFECT YOU?

OPEN ENROLLMENT PERIOD NOV 15, 2014 TO FEB 15, 2015

Find Out how it works. We will help you qualify for a tax credit and shop for low cost health insurance for you and your family.

Last, _____ First, _____ Middle _____

Home Address _____ City _____ State _____ County _____ Zip*: _____

Phone # _____ Cell # _____ D.O.B*: _____ / _____ / _____ M _____ / F _____

Social Security (For Tax Credit) _____ / _____ / _____ Annual Income (For Tax Credit) _____

Current Employer _____ Annual Income (For Tax Credit) _____

Are You a U.S Citizen? Y _____ N _____

Other Income? Unemployment \$ _____ Pension \$ _____ Social Sec _____ Retirement _____

Deductions Alimony Paid _____ Student Loan _____ Other _____

****E-Mail** _____ ****Password Preference** _____

Spouse Name Last _____ First _____ Middle _____

D.O.B. _____ / _____ / _____ U.S Citizen ? _____ Social Security _____ / _____ / _____ Num. # of Children: _____

Current Employer _____ Annual Income (For Tax Credit) _____

Dependent Name _____ Relationship, _____ D.O.B. _____ / _____ / _____

Dependent Name _____ Relationship, _____ D.O.B. _____ / _____ / _____

Dependent Name _____ Relationship, _____ D.O.B. _____ / _____ / _____

****Authorization to represent you as your insurance agent:**

Enrollee Print Name _____ Sign _____ Date _____ / _____ / _____