

2021



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PRE-ENROLLMENT QUESTIONNAIRE

Primary Contact: _____ Phone No: _____ Date of Birth: _____	Address: _____ City: _____, MI Zip Code: _____ County: _____ Email: _____
Spouse: _____ Date of Birth: _____	Child: _____ Gender: _____ Date of Birth: _____ Child: _____ Gender: _____ Date of Birth: _____

Are you or your spouse eligible for employer-sponsored group health insurance? Yes ___ No ___

Is anyone in your household receiving social security retirement income? Yes ___ No ___

Please tell us the number of people in your household: _____

Please tell us how many total exemptions are on your Federal 1040 tax return: _____

Please tell us who needs insurance: _____

What is your estimated future 2021 Adjusted Gross Income (AGI)? \$ _____

(AGI can be found on Line 8b of your Federal 1040 tax return)

Please provide us with a brief overview of the health & wellness of yourself/family (i.e., pre-existing conditions, prescription drug coverage, exposure to claims, etc.):

Do you currently have insurance? If so, name of plan(s): _____

Do you currently have a Marketplace application? Yes ___ No ___

If so, please tell us if you have recently made any changes to your application (i.e., income change, address change, username or password change):

Kindly return your 2021 Pre-Enrollment Questionnaire to our office prior to your appointment via our email: Geoff@HarrisAgencyLLC.com or fax to: (231) 944-1403

Thank you!