



PO BOX 109/778 RIVERSIDE DRIVE MACON, GA 31202
 PHONE: 478-745-4741 FAX: 478-745-6812
 Toll Free Phone: 1-800-755-9504 FAX: 1-877-432-7842
 insurance@heartga.com



INDIVIDUAL QUOTE SHEET

DATE: _____

Client name: _____ Client Phone number: _____

Zip Code: _____ County: _____ Client Email: _____

Agent Name: _____ Agent email: _____

DO THEY HAVE: A QUALIFYING EVENT, ACCESS TO A GROUP HEALTH PLAN, OTHER HEALTH INSURANCE?

2019 POVERTY GUIDELINES
 If your client's household income falls in the ranges below, based on family size, they MAY qualify for a subsidy. **Please CIRCLE how many are in your household even if they are not applying.**

Persons in family/household	Poverty guideline 100%-400%
1	\$12,490 - \$49,960
2	\$16,910 - \$67,640
3	\$21,330 - \$85,320
4	\$25,750 - \$103,000
5	\$30,170 - \$120,680
6	\$34,590 - \$138,360
7	\$39,010 - \$156,040
8	\$43,430 - \$173,720

Household income: _____

Notes: _____

MED _____ **DEN** _____ **VIS** _____

Name _____ DOB _____ Gender _____ Tobacco User _____

Spouse name _____ DOB _____ Gender _____ Tobacco User _____

Child (ren) Name _____ DOB _____ Gender _____ Tobacco User _____

Name _____ DOB _____ Gender _____ Tobacco User _____

Name _____ DOB _____ Gender _____ Tobacco User _____

Name _____ DOB _____ Gender _____ Tobacco User _____

OTHER OPTIONS

LIFE \$ _____ **WL/UL** _____ **TERM** _____ **HOW LONG** _____

LTD GROSS INCOME \$ _____ **OCCUPATION** _____ **(SELF EMP ONLY) # OF EMPLOYEES** _____

LTC MARRIED _____ **OVERALL HEALTH - MEDICATIONS** _____

