HIG | HATCH INSURANCE GROUP

Individual Health Benefits Information Form

Date: _____

Personal Information

Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Social Security # _____ DOB _____ Gender _____

Income

Household income AGI (Adjusted Growth Income, income after deductions) $ _____

Company Name	Income (yearly)	Who works there (you or spouse)

Family Members

Spouse

Name	Birthdate	Social Security Number (Identification Number	Gender

Children

Name	Birthdate	Social Security Number (Identification Number	Gender

Check Benefits you are interested in:

- ○ Health Insurance
- ○ Dental
- ○ Vision
- ○ Maternity Insurance
- ○ Disability Insurance
- ○ Life Insurance
- ○ MD Live (Audio/Video calls for doctors and prescriptions)
- ○ HSA Account
- ○ Pre-Paid Legal product
- ○ 401K
- ○ Retirement Planning
- ○ Wills and Estate setup

Link to enroll in a Health care exchange plan
https://www.healthsherpa.com/?_agent_id=JTLinsuranceservices

Completing this form does not obligate, enroll, or bind any coverage.