

## Navigating the Healthcare Marketplace All About You

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Tell us about you	
Client name	
Client name:	
Coverage Start Date:	
Persons Covered: Individual C	ouple Parent & Child Only Family
Number of adults needing coverage:	Children under age 19:
Total Household income per year:	
Existing Coverage	
Carrier:	
Health Category: Bronze Silver	Gold Platinum
Monthly Premium:	Annual Premium:
Deductible:	Year to Date:
Out of Pocket Max:	Year to Date:
Copay/Specialist:	Year to Date:
RX's:	Year to Date:
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Existing and Future 1	Medical Needs