



Borshoff & ASSOCIATES

Accountable Business Solutions for Your Future's Benefit

Individual Quote Sheet

Referred By: _____

Family Information

Subsidy: _____

Cost Sharing: _____

Please answer all questions. Please print legibly.

Single Married Divorced Number of Dependents _____ (Y or N)

Applicant: _____ Gender: _____ DOB: _____ SSN: _____ Smoker: _____

Spouse: _____ Gender: _____ DOB: _____ SSN: _____ Smoker: _____

Child 1: _____ Gender: _____ DOB: _____ SSN: _____ Smoker: _____

Child 2: _____ Gender: _____ DOB: _____ SSN: _____ Smoker: _____

Child 3: _____ Gender: _____ DOB: _____ SSN: _____ Smoker: _____

Child 4: _____ Gender: _____ DOB: _____ SSN: _____ Smoker: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip _____ Cell: _____

County: _____ Email: _____ Fax: _____

Income Information (Please put all income as annual income)

Salary

Applicant Income: _____ Spouse Income: _____ Total Income: _____

Business Income

Gross Income: _____ Business Expenses: _____ Total Income: _____

Other Income

Social Security: _____ Pension/Retirement: _____

Investment: _____ Dependent Income: _____

Total Other Income: _____

Total Estimated AGI: _____

Number of people on your taxes: _____

See Income Calculation Supplement



Borshoff & ASSOCIATES

Accountable Business Solutions for Your Future's Benefit

Work Information

Applicant's Employer Information

Applicant Employer: _____

Employer Address: _____

Employer Phone: _____ Employer Contact Name: _____

Is group coverage available? _____ Are spouse's eligible for coverage? _____ Cost: _____

Deductible: _____ Coinsurance: _____ Out of Pocket: _____

Dr. Copay: _____ Rx Copays: _____

Spouse's Employer Information

Spouse's Employer: _____

Employer Address: _____

Employer Phone: _____ Employer Contact Name: _____

Is group coverage available through spouse's employer? _____ Are spouse's eligible for coverage? _____ Cost: _____

Deductible: _____ Coinsurance: _____ Out of Pocket: _____

Dr. Copay: _____ Rx Copays: _____

Doctor and Medication Information

Hospital Preference: _____

Pharmacy Preference: _____

Doctor's Full Name	Address (At least Zip Code)

Full Medication Name	Generic?	Dosage	How Often	Retail or Mail? How Often?	Person



Borshoff & ASSOCIATES

Accountable Business Solutions for Your Future's Benefit

Health Insurance Options

PLEASE INDICATE YOUR PREFERENCES

Metal Level Catastrophic Bronze Silver Gold Platinum

Coverage

Individual Individual + Spouse
 Individual + Children Family

Plan Type

HSA PPO HMO

Deductible

\$500 \$1000 \$2000
 \$2500 \$3500 \$5000
 \$7500 \$10,000 _____

Coinsurance

50% 70% 80%
 90% 100%

Dental: Dr. Office Copay: Prescription Copays:
Vision: 1st Dollar:

Current Health Insurance

Company: _____	Deductible: _____
Coinsurance:	Premium: _____
<input type="checkbox"/> HSA <input type="checkbox"/> PPO <input type="checkbox"/> HMO	Prescription
<input type="checkbox"/> 50% <input type="checkbox"/> 70% <input type="checkbox"/> 80%	Copay: _____ / _____ / _____
<input type="checkbox"/> 90% <input type="checkbox"/> 100%	Mail: _____ / _____ / _____
Dr. Office Copay: _____	Dental: <input type="checkbox"/> Vision: <input type="checkbox"/>
1 st Dollar: <input type="checkbox"/>	

Life Insurance Options

Face Amount: _____

Term Life Insurance Universal Life
 10 years 15 years 20 years 30 years Whole Life

Waiver of Premium
 Yes No

Approximate Monthly Budget Amount : _____

Reason for Coverage: _____

PERSONALLY IDENTIFIABLE INFORMATION (PII) PRIVACY NOTICE

As a condition of operating in a Federally-facilitated Individual Marketplace, agents and brokers must execute the Federally-facilitated Marketplace Agreement, which includes privacy and security standards. These privacy and security standards include the requirement that agents and brokers provide individuals with a Privacy Notice Statement regarding use and disclosure of PII. This Privacy Notice Statement must be presented to individuals prior to assisting them with application and enrollment in coverage through a Federally-facilitated Individual Marketplace.

The following privacy notice describes how producers may use and disclose your PII for purposes of health care operations, and for other purposes that are permitted or required by law. PII is information that can be used on its own or with other information to identify, contact, or locate a single person, or to identify an individual in context.

OBLIGATIONS AND ACTIVITIES OF PRODUCER

Producer shall:

A. Not use or disclose PII other than as permitted or required by law; Except as otherwise limited, the producer may use or disclose PII to perform functions, activities, or services for, or on behalf of the covered entity, provided that each use or disclosure would not violate the Privacy Rule. The producer must obtain reasonable assurances from any person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the producer of any instances of which it is aware in which the confidentiality of the information has been breached.

B. Use appropriate safeguards to prevent use or disclosure of PII other than as permitted or required by law. The producer shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic PII (e-PII) that it creates, receives, maintains or transmits on behalf of the consumer.

C. Report to the covered entity immediately any use or disclosure of PII not permitted or required by law of which it becomes aware, including breaches of unsecured PII, and any security incident of which it becomes aware.

D. Notify the covered entity of a Breach of Unsecured PII within 24 hours of the discovery of such Breach, followed by a report in writing, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. The producer's written notification to the covered entity hereunder shall:

1. Be made to the covered entity within 48 hours of the initial oral report, and
2. Include the individual whose Unsecured PII has been, or is reasonably believed to have been, the subject of a Breach.

E. In the event of an unauthorized use or disclosure of PII or a Breach of unsecured PII, the producer shall mitigate to the extent practicable any harmful effects of said disclosure that are known to it;

F. If applicable, ensure that any subcontractors that create, receive, maintain, or transmit PII on behalf of the producer agree to the same restrictions, conditions, and requirements that apply to the producer with respect to such information;

G. Within 7 days of request, make available PII in a Designated Record Set to the covered entity as necessary to satisfy the covered entity's obligations;

H. Make any amendment to PII in a Designated Record Set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy the covered entity's obligations under 45 CFR 164.526;

I. Maintain and make available, within 7 days after a request for such information, the information required to provide an accounting of disclosures to the covered entity as necessary;

J. With respect to any use, disclosure or request for PII, the producer shall limit the PII to the extent practicable to the limited data set as defined in 45 CFR 164.514(e)(2) or, if needed, to the minimum necessary to accomplish the intended purpose of such use, disclosure or request;

L. Make its internal practices, books, and records available to the covered entity for purposes of determining compliance with the HIPAA Rules; and

M. The producer shall be directly responsible for full compliance with the relevant requirements of the Privacy Rule to the same extent as the covered entity.

I hereby acknowledge receipt of the PII privacy notice.

Print Name

Signature

Date

INSURANCE CONSULTING AGREEMENT

THIS AGREEMENT is made as of _____, _____, by and between Brian J. Borshoff ("Consultant") and _____ ("Client").

1. APPOINTMENT

Client hereby engages Consultant to provide advisory and consulting services to Client for the purposes of assistance in the procurement and placement of Client's insurance needs with appropriate insurers.

2. TERM OF AGREEMENT

This Agreement shall terminate upon thirty (30) days written notice by either party to the other.

3. STATUTORY COMPLIANCE

Consultant shall comply with all applicable insurance laws, including but not limited to Indiana Code § 27-1-15.6.

4. CONSULTANT'S DUTIES

Consultant shall serve with objectivity and complete loyalty solely the insurance interests of Client; however, all decisions related to Client's business shall be made by Client in its sole and absolute discretion, for which Client hereby assumes the sole responsibility. Consultant shall receive and have access to information that is considered proprietary and confidential to Customer. Both during and after the term of this Agreement, Consultant agrees to preserve and protect reasonably the confidential nature of this information.

5. CONSULTANT'S COMPENSATION AND EXPENSES

For all services rendered by the Consultant under this Agreement, Client shall pay the Consultant the fees and expenses identified on Exhibit "A" attached hereto and made a part hereof.

IN WITNESS WHEREOF, this Agreement has been duly executed by the parties hereto as of the date first written above.

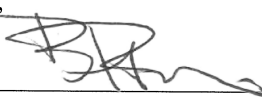
"Client"

By: _____

Printed: _____

Title: _____

"Consultant"

By:  _____

Printed: Brian J. Borshoff

Title: Agent

Exhibit A

ADDITIONAL DUTIES TO BE PERFORMED BY CONSULTANT/AGENT.

- A. _____

- B. _____

- C. _____

- D. _____

COMPENSATION

Fees for Services

- A. \$300 to quote and enroll in plan of choice
- B. up to \$75 an hour for service work with a non commission paying carrier
- C. _____
- D. _____

COMMISSION

Agent will _____ or will not _____ receive a commission. (Check the one that applies.)

DIRECT COST REIMBURSEMENT

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____