

If you have any family, friends or business associates that need help with Health plan Enrollment, have them contact us or give them a copy of this form to submit. Be sure that they provide your name and email address below so that we can send you a gift/gift card for any referral(s) that we provide quotes to.

**ALTERNATIVE BENEFIT SOLUTIONS, LLC**  
**2021 HEALTH INSURANCE PLAN**  
**QUOTE REQUEST**

To request quotes for plans On (or Off) the 2021 Individual Health Exchange, including subsidy estimates (if eligible), submit this request (by email, fax or phone- see above). Upon your receipt quotes, contact us to further review your options & any questions, or let us know what plan you would like to apply for, and we will provide you with application/enrollment options.

**FAMILY MEMBERS**

Name	Date of Birth	Smoker	Name	Date of Birth	Smoker
_____	__/__/__	Y N	_____	__/__/__	Y N
_____	__/__/__	Y N	_____	__/__/__	Y N
_____	__/__/__	Y N	_____	__/__/__	Y N

**REQUEST QUOTES BY:** \_\_\_ Email \_\_\_ Phone      **EMAIL ADDRESS:** \_\_\_\_\_  
**PHONE #** \_\_\_\_\_

**QUOTES DESIRED FOR:**  copay benefit plan     HSA qualified plan     catastrophic (Hi Deductible Plan)     lowest cost  
 Short Term Medical plans

**DOCTORS & HOSPITALS:** List providers you need in a new plan; include Dr. (or hospital) name, office location, & specialty (*note: more flexibility here may result in having more affordable options*).

**PRESCRIPTIONS YOU NEED COVERED** (name of rx, dosage & # taken daily):  
\_\_\_\_\_

**SUBSIDY ELIGIBILITY:** (help paying for your insurance): if not eligible/interested, check here: .....

To check out your eligibility for subsidy based on your income, complete the following:

--Estimated 2021 **Household income\***: ..... \$

--# of members in household to be on your 2021 tax return: .....

**ELIGIBILITY FOR EMPLOYER COVERAGE?** Will you (or spouse) be eligible for Employer group coverage or ICHRA in 2021  Y  N (you may not be eligible for tax subsidy). Check with agent if unsure.

**APPLICATION PROCESS:** Once a plan is decided on, let us know so we can help you through the application process. Depending on the plan & whether On or Off the Exchange, we will provide you APPLICATION TIPS/TOOLS eg. an easy to use application link; taking your application by phone; advice re: enrolling ON or OFF exchange; etc., and we will follow up on your behalf to minimize enrollment problems. Our user friendly instant quoting tool and application link are available on our website at [www.ABSHealthPlans.com](http://www.ABSHealthPlans.com) (click 'HEALTH INSURANCE').

If you apply on your own, you may be asked "is someone helping you?"... you can enter the following info assigning us as your agent (at **no cost, nor higher rates to you**), and enabling us to follow up on your application with the insurer to confirm and assist with your enrollment as necessary. Just let us know after you have applied. Enter the following:

**Agent name: Thomas Buonanduci    NPN #: 3539529**

\*estimated MAGI (modified adjusted gross income) includes non taxable social security income, and other adjustments. More details available on request.

**Referred by:** \_\_\_\_\_ **Email address:** \_\_\_\_\_