

If you have any family, friends or business associates that need help with Open 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
2023 HEALTH INSURANCE "OPEN ENROLLMENT"
HEALTH PLAN QUOTE REQUEST

To request quotes for plans On (or Off) the 2023 Individual Health Exchange, including subsidy estimates (if eligible), submit this request (as noted above) and we will provide quotes to you. Upon your receipt, contact us to further review your options & any questions, or let us know what plan you would like to apply for, and we will assist you with application & enrollment process.

FAMILY MEMBERS

<u>Name</u>	<u>Date of Birth</u>	<u>Smoker</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Smoker</u>
_____	___/___/___	Y N	_____	___/___/___	Y N
_____	___/___/___	Y N	_____	___/___/___	Y N
_____	___/___/___	Y N	_____	___/___/___	Y N

REQUEST QUOTES BY: ___ Email ___ Phone **EMAIL ADDRESS:** _____

State of Residence: _____ **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/tax credits based on your income, complete the following:

--Estimated 2023 Household income*: \$
--# of members in household to be on your 2023 tax return:

ELIGIBILITY FOR EMPLOYER COVERAGE? Will you (or spouse) be eligible for Employer group coverage (including HRA/ICHRA) in 2023
Y N (if yes, you may not be eligible for tax subsidy). Check with agent if unsure.

APPLICATION PROCESS: Once a plan is decided on, you can apply directly thru the link below, or let us know so we can help you through the process, including taking your application by phone; provide 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 takes about half the time as applying thru Healthcare.gov. You can apply by going to www.ABSHealthPlans.com (click on 'HEALTH INSURANCE' for online application).

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 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, ssdi, and other adjustments. More details available on request.

Referred by: _____ Email address: _____