



Get Ready to Enroll WORKSHEET

To make the process of applying for health insurance easier, use this worksheet to gather important details and help you think through key areas that will impact your purchase. Bring this worksheet to your appointment. Don't have an appointment? Visit ConnectforHealthCO.com/person-help

Documents to bring with you:

- Driver's license or photo ID
- 2 recent pay stubs
- Other income documents

PERSONAL INFORMATION (Please gather the following details for you and every member of your family.)

Name	Date of Birth	Social Security Number (or bring it with you)
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EMPLOYER DETAILS (Please gather the following details for you and every member of your family.)

Employer Name	Offer health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly cost for just the employee, not the whole family	Annual wages or salary
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ANNUAL HOUSEHOLD INCOME

CURRENT INCOME: Consider everyone included on your tax return and add up their wages, salary, self-employment income, interest and dividends received, alimony received, Social Security and other income BEFORE taxes are taken out, minus any deductions. **Get help calculating this – <http://bit.ly/2yjudnm>**

\$

FUTURE INCOME: If you are applying for financial help through Connect for Health Colorado, we will need to estimate the annual household income for the year you will have the health insurance plan. Think about if you will **make less, more or about the same as you are currently making** and then list your estimate in the box.

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RETURNING CUSTOMERS

If you or anyone in your family **have ever applied** through Connect for Health Colorado or PEAK, please list the following:

Online Account Username	Online Account Password (or bring it with you)	Are you currently enrolled in a plan through Connect for Health Colorado? <input type="checkbox"/> YES <input type="checkbox"/> NO
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MEDICAID

If you or anyone in your family **have ever applied** for Health First Colorado (Colorado's Medicaid Program) or Colorado Health Plan *Plus* (CHP+), please list the following:

Case Number (starts with 1B)	State ID Number	Primary Account Holder / Head of Household
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HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD?

Include your spouse, if you have one, plus all dependents shown on your federal tax return – even if they don't need coverage.

YOUR HEALTHCARE NEEDS

Consider how much care you and your family will need in the coming year.

How often do you see your doctor(s) each year?

Do you have any chronic medical conditions (e.g. diabetes, heart disease, cancer)? If yes, list them below.

YES

NO

Are you planning to have any surgeries this year?

YES

NO

Are you thinking of having a baby this year?

YES

NO

Do you see yourself going to the Emergency Room because of health or lifestyle?

YES

NO

Do you travel often and need coverage outside of your local area?

YES

NO

YOUR PRIORITIES (What matters the most to you?)

Prescription Name	Perscription Strength	Brand or Generic (check one)	Must-Have	Nice-to-Have
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> BRAND <input type="checkbox"/> GENERIC	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Doctors or Hospitals	Name & City		Must-Have	Nice-to-Have
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

HOW MUCH CAN YOU AFFORD?

What can you afford for your monthly Premium?

\$

Let's think about the Deductible. How much could you afford to pay upfront (in the case of a bad accident or serious illness) before your insurance starts to help you pay?

\$

ConnectforHealthCO.com

855-PLANS-4-YOU (855-752-6749)

TTY: 855-346-3432

