



Health Enrollment Management Agency

Fax or email completed form to:

Fax: (614) 635-2621 Email: wendy@nubgroup.com

Client Information

Requested Effective Date:

Name: County: Street Address: Zip: City: State: Phone 1: Email: Phone 2:

List all family members who appear on client's federal tax return:

Table with 7 columns: Name, Birth Date, Gender, Need Coverage? Y/N, Tobacco Use Y/N, Projected Annual \$ Income \$, and a blank column. Rows include Primary, Spouse, Child 1-4.

Best time to call: Anyone eligible for employer coverage, if yes, who: Current coverage: Current premium: Renewal date: If not Open Enrollment provide Qualifying Event & Qualifying Event date: Other notes:

Agent: Phone: Email:

HEMA Office Use

Table with 3 columns: Subsidy, Premium, App ID, Net Premium, Eff Date, Plan.