ACIMarketplace.COM

2020 Marketplace Application

Enroller: Info gathered on at am/pm. Are you a current client of ours? YES NO If no, how did you hear about us?

CLIENT INFORMATION

Client Name: Employer: Employer Phone #:

Home Address: City: State: Zip: County:

Same Mailing Address: YES NO Address: City: State: Zip:

Cell Phone #: Can we text your cell phone: YES NO Home Phone #: Marital Status:

Email Address: Can we contact you via email: YES NO

Employer offer health insurance? YES NO If yes, how much are you charged for EMPLOYEE ONLY health insurance:

Spouse's Employer Name/#: Modified Adjusted Gross Income for 2020:

Spouse's Employer Offer Insurance? YES NO If yes, how much is your spouse charged for EMPLOYEE ONLY health insurance:

LIST THE FOLLOWING INFORMATION ON EVERY PERSON CLAIMED ON YOUR TAX RETURN (whether they need insurance or not):

Name	Social Security Number	Date of Birth	Age	Sex	Use Tobacco	Does this person need insurance?	Receive Social Security Benefits?	Receive Medicare or Medicaid?	US Citizen or Permanent Resident?	2020 Modified AGI

Contact American Carolina Insurance to assist you: Call (864) 269-9700. You can fax your application to (864) 269-7134

PRIVACY/HIPPA Authorization: By signing or noted verbal code I hereby attest that I give authorization to the staff of American Carolina Insurance to act on my behalf to quote, enroll and/or service any insurance policy with HealthCare.gov or any insurance carrier with which I have chosen to enroll. ACI certifies that the information collected will be used for quoting, enrolling and/or servicing said policy. I confirm I have provided true answers to all questions on this form. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. I know that I must notify ACI and/or the Marketplace if anything changes (and is different than) what I provided on this application. I understand that a change in my information could affect my eligibility. I confirm that next year I plan to file a federal income tax return. I also confirm that I am not offered affordable health coverage from my employer.

MMN

Signed **Date** **Verbal Authorization Code**

Recurring: **YES** **NO** Recurring Setup 1st payment received 1st payment processed Mailed Packet (for call ins)

Payment Information: Account Holder Name:

Billing Address: **City:** **State:** **Zip Code:**

Checking Account: Bank Name: **Routing #:** **Account #:**

PROVIDER SURVEY

To help us provide benefits that meet your needs, please complete this survey. Thank you for your participation

Need to Bring:

- Most Recent Tax Return
- Recent Pay Check Stub
- Social Security Benefit Letter(if receiving social security)
- Social Security Cards (for anyone on tax return)
- Green Card
- Certificate of Naturalization Or Citizenship

	Self	Spouse	Children
Physicians			
Please provide the Name of your Primary Care Physician and their address so that we can verify their network participation.			
Specialists			
Please provide the Name, Address and Specialty (e.g. Cardiology, Urology, etc.) for any physicians you see on a regular basis.			
Hospitals			
Please provide your hospital preference and the city where that hospital is located.			
Other Providers			
Comments:			

Household Size	Estimated, Non-Tobacco, Monthly Premiums Based On Household Modified Adjusted Gross Income						
	100%	133%	150%	200%	250%	300%	400%
	2.08%	3.11%	4.15%	6.54%	8.36%	9.86%	9.86%
	CS 94%	CS 94%	CS 87%	CS 73%			
1	$12,490	$16,612	$18,735	$24,980	$31,225	$37,470	$49,960
	$21.00	$43.00	$64.00	$135.00	$216.00	$305.00	$407.00
2	$16,910	$22,490	$25,365	$33,820	$42,275	$50,730	$67,640
	$29.00	$58.00	$87.00	$183.00	$292.00	$413.00	$551.00
3	$21,330	$28,369	$31,995	$42,660	$53,325	$63,990	$85,320
	$37.00	$73.00	$110.00	$231.00	$368.00	$522.00	$695.00
4	$25,750	$34,248	$38,625	$51,500	$64,375	$77,250	$103,000
	$44.00	$88.00	$133.00	$279.00	$445.00	$630.00	$839.00
5	$30,170	$40,126	$45,255	$60,340	$75,425	$90,510	$120,680
	$52.00	$103.00	$155.00	$326.00	$521.00	$738.00	$984.00
6	$34,590	$46,005	$51,885	$69,180	$86,475	$103,770	$138,360
	$60.00	$118.00	$178.00	$374.00	$597.00	$846.00	$1,128.00
7	$39,010	$51,884	$58,515	$78,020	$97,525	$117,030	$156,040
	$67.00	$133.00	$201.00	$422.00	$674.00	$954.00	$1,272.00
8	$43,430	$57,763	$65,145	$86,860	$108,575	$130,290	$173,720
	$75.00	$148.00	$224.00	$469.00	$750.00	$1,062.00	$1,416.00