



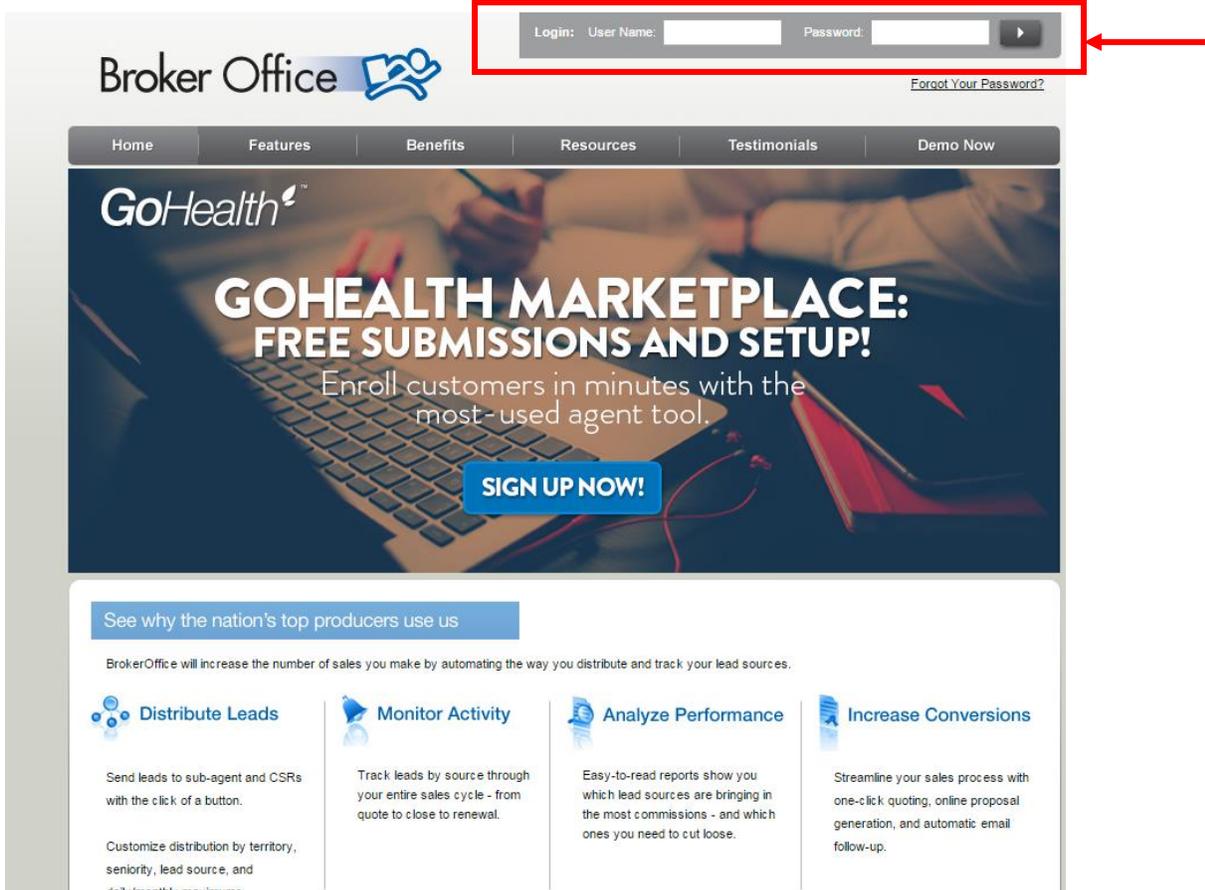
Step-by-Step Instructions for Scott & White

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Using BrokerOffice

- Login to BrokerOffice using “User Name” and “Password”
- Click the play button



Broker Office  [Forgot Your Password?](#)

Home Features Benefits Resources Testimonials Demo Now

GoHealthSM

**GOHEALTH MARKETPLACE:
FREE SUBMISSIONS AND SETUP!**

Enroll customers in minutes with the most-used agent tool.

SIGN UP NOW!

See why the nation's top producers use us

BrokerOffice will increase the number of sales you make by automating the way you distribute and track your lead sources.

- Distribute Leads**
Send leads to sub-agent and CSRs with the click of a button.
Customize distribution by territory, seniority, lead source, and calls/monthly maximum
- Monitor Activity**
Track leads by source through your entire sales cycle - from quote to close to renewal.
- Analyze Performance**
Easy-to-read reports show you which lead sources are bringing in the most commissions - and which ones you need to cut loose.
- Increase Conversions**
Streamline your sales process with one-click quoting, online proposal generation, and automatic email follow-up.

- You will be taken to your BrokerOffice homepage
 - *Note: When logging onto BrokerOffice for the first time after your account is created, you will need to reset your BrokerOffice password before landing on the homepage.*

BrokerOffice 

HOME LEADS REPORTS SUPPORT RESOURCES

Account Summary View Account Info Edit User Info

Lead Balance 

Your current balance is:

\$0.00

Basic Account Information

	Today	Week	Month
Manual	0	0	0
Total	0	0	0

To add a new lead, please click the button below:

ADD LEADS

Search Leads [Advanced Search](#)

Search through your leads below:

Search term: **SEARCH**

Today's New Leads [View All](#)

Action	Name	Phone	Email	Time
No new leads received today, click here to view all your leads.				

July 2015

<<	Sun	Mon	Tue	Wed	Thu	Fri	Sat	>>
				1	2	3	4	
5	6	7	8	9	10	11		
12	13	14	15	16	17	18		
19	20	21	22	23	24	25		
26	27	28	29	30	31			

Daily Tasks 2015 7-30

No Tasks.

[Day View](#) [Week View](#) [Month View](#)

[View All FollowUps](#)

[Home](#) | [Leads](#) | [Reports](#) | [Support](#) | [Resources](#)

Adding Leads:

One of the more helpful tools in BrokerOffice is the ability to add and track leads. There are multiple ways you can add a single lead to your account:

- Click on “**Add Leads**” button on the home page
- Click the “**Leads**” tab and then select “**Add Leads**” from the menu below the tabs

Broker Office

HOME LEADS REPORTS SUPPORT RESOURCES

Account Summary View Account Info Edit User Info

Lead Balance

Your current balance is:

\$0.00

Basic Account Information

	Today	Week	Month
Manual	0	0	0
Total	0	0	0



To add a new lead, please click the button below:

ADD LEADS

July 2015						
<<	Sun	Mon	Tue	Wed	Thu	Fri
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Daily Tasks 2015 7-30

No Tasks.

Day View Week View Month View

[View All FollowUps](#)

Search Leads [Advanced Search](#)

Search through your leads below:

Search term: **SEARCH**

Today's New Leads [View All](#)

Action	Name	Phone	Email	Time
No new leads received today, click here to view all your leads.				

[Home](#) | [Leads](#) | [Reports](#) | [Support](#) | [Resources](#)

Broker Office

HOME **LEADS** REPORTS SUPPORT RESOURCES

View Leads **Add Leads** In Progress SSE Import Leads Lead Status Actions

Lead Balance

Your current balance is:

\$0.00

Lead Search

Search your leads below:

Keywords:

SEARCH

[Advanced Search](#)

Lead Summary

Please select the date range below to view your lead summary.

7 / 29 / 2015 To 7 / 30 / 2015

Please select a status to filter by: **All**

SEARCH

Lead View

Action	Name	Phone	Zip	Date/Time	Status	Source	Proposal
No data has been entered.							

[Home](#) | [Leads](#) | [Reports](#) | [Support](#) | [Resources](#)

- Enter the information for the lead
- Make sure to enter information in all required fields
 - *Note: In order to launch a lead into a Marketplace session to quote and shop for a health plan, an email address and zip code are required*

- Click "Save"

Broker Office

HOME LEADS REPORTS SUPPORT RESOURCES

View Leads Add Leads In Progress SSE Import Leads Lead Status Actions

Lead Balance

Your current balance is:
\$0.00

Lead Search

Search your leads below.

Keywords:

SEARCH

Advanced Search

Contact Information

*Required

Full Name:

Address 1: Address 2:

City: State:

*Zip Code:

Phone 1: Phone 2:

Email: [\(email lead\)](#) Fax:

Notes:

Status: Follow Up Date: / /

Reference:

Current Insurance

Insurance Company: Deductible:

Plan: Copay:

Premium: Coinsurance:

Personal Information

	Name	Gender	Date of Birth	Height	Weight (lbs)	Smoker	In Quote
Applicant: (Reset)	<input type="text"/>	-- ▾	<input type="text"/>	f ▾ r ▾	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spouse: (Reset)	<input type="text"/>	-- ▾	<input type="text"/>	f ▾ r ▾	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dependent:	<input type="text"/>						

Customized Fields

Contact Me: Currently Insured:

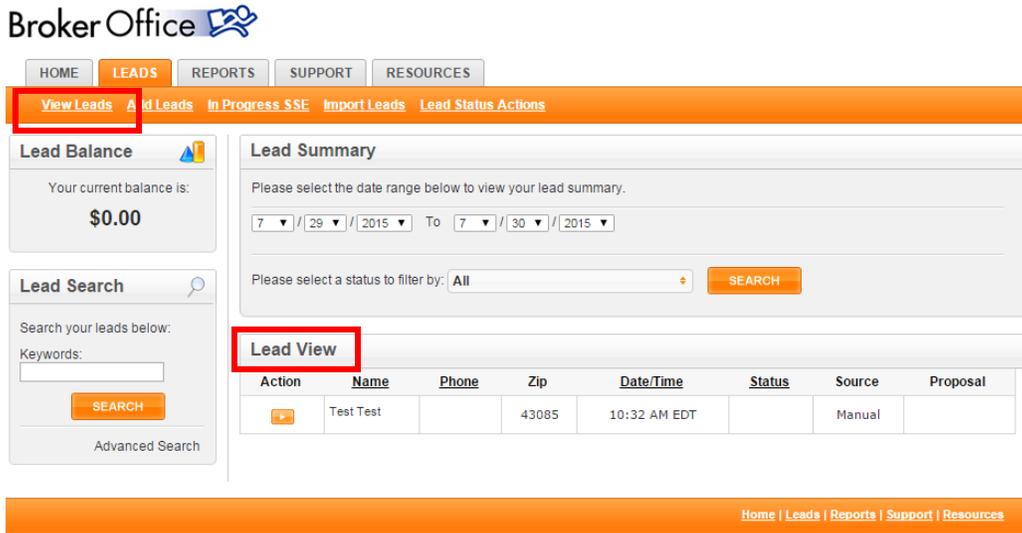
Best Contact Time: Current Medications:

Health Conditions: Category:

SAVE 

Viewing Leads:

- Click “Leads” tab and click the “View Leads” link to access the leads
- All your leads will be displayed under the “Lead View” section



Broker Office 

HOME LEADS REPORTS SUPPORT RESOURCES

View Leads Add Leads In Progress SSE Import Leads Lead Status Actions

Lead Balance 

Your current balance is:
\$0.00

Lead Search 

Search your leads below:
Keywords:

SEARCH
Advanced Search

Lead Summary

Please select the date range below to view your lead summary.
7 / 29 / 2015 To 7 / 30 / 2015

Please select a status to filter by: All **SEARCH**

Lead View

Action	Name	Phone	Zip	Date/Time	Status	Source	Proposal
	Test Test		43085	10:32 AM EDT		Manual	

Home | Leads | Reports | Support | Resources

- For a specific lead, click the orange “Play” button for additional options. From here, you can perform any of the following actions:
 - View/Edit Lead
 - Email Lead
 - Create Proposal
 - Add Note
 - Add Event
 - Add Attachment
 - Print View

HOME LEADS REPORTS SUPPORT RESOURCES

View Leads Add Leads In Progress SSE Import Leads Lead Status Actions

Lead Balance

Your current balance is:

\$0.00

Lead Search

Search your leads below:

Keywords:

SEARCH

Advanced Search

Lead Summary

Please select the date range below to view your lead summary.

7 / 29 / 2015 To 7 / 30 / 2015

Please select a status to filter by: All **SEARCH**

Lead View

Action	Name	Phone	Zip	Date/Time	Status	Source	Proposal
	Lead id: 63956958		43085	10:32 AM EDT		Manual	

- View/Edit Lead
- Email Lead
- Add Note
- Add Event
- Add Attachment
- Print View

Home | Leads | Reports | Support | Resources

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- If you have a large number of leads saved to your account, you can use the date range to search for leads based on the date they were created
- To view or edit information for a particular lead, click the **View/Edit Lead** to access the lead info
- You can edit any information about the lead here, or you can launch the Marketplace by clicking on the green **“OPEN MARKETPLACE”** button

BrokerOffice 

HOME LEADS REPORTS SUPPORT RESOURCES

View Leads Add Leads In Progress SSE Import Leads Lead Status Actions

Lead Search

Search your leads below:

Keywords:

[SEARCH](#)

[Advanced Search](#)

Contact Info
Plan Info

To add or edit information, click on the blank field next to each label. Your information is saved automatically.

[HOST MEETING](#)

[OPEN MARKETPLACE](#)

Lead ID 63956958

Full Name Test Test

Address 1 1234 main street

City Columbus

Zip Code 43085

Phone 1

Email abc@nomail.com

Status

How Heard

Source Manual

Household Income

Time Created 07/30/15 10:32 AM EDT

Address 2

State OH

Phone 2

Fax

Follow Up Date

Reference

Household Size

Notes History

Date	Details
	There are no notes for this lead yet.

[Add Note](#)

Personal Information

	Name	Sex	Birth Date	Age	Height (Ft/in)	Weight (lbs)	Smoker	Student	In Quote
Applicant	Test Test	F	01/01/1983	32	5Ft 8In	125			YES
Spouse									

- By selecting “In Progress SSE” you can view the status of any on-exchange applications that were submitted through the Single Site Enrollment (SSE) technology that were not submitted to the FFM
- BrokerOffice will show all incomplete attempted enrollments for the past 2 weeks
- Anything older than 2 weeks should be started over as rates and /or effective dates have most likely changed

[View Leads](#)
[Add Leads](#)

[In Progress SSE](#)

[Import Leads](#)
[Lead Status Actions](#)
[Event Status Mapping](#)

Lead Balance 

Your current balance is:

\$0.00

In Progress Single Site Enrollments

This report shows enrollments from the previous 2 weeks. If an enrollment was started prior to this, it most likely has an expired effective date and should be restarted.

Agent Name	Lead ID	% Completed	Created Date/Time	Contact Name	Contact State

Editing Lead Statuses:

- Under the Lead tabs click on “**View Leads**” link
- In the Lead summary section pick the date ranges and click “**Search**”
- Under the “**Lead View**” select the lead you would like to change the status
- Click the “**Play**” button by the lead
- Click “**View/Edit Lead**”

Broker Office

HOME LEADS REPORTS SUPPORT RESOURCES

View Leads Add Leads In Progress SSE Import Leads Lead Status Actions

Lead Balance

Your current balance is:

\$0.00

Lead Summary

Please select the date range below to view your lead summary.

1 ▾ / 2 ▾ / 2015 ▾ To 8 ▾ / 3 ▾ / 2015 ▾

Please select a status to filter by: All ▾ SEARCH

Lead Search

Search your leads below:

Keywords:

SEARCH

Advanced Search

Lead View

Action	Name	Phone	Zip	Date/Time	Status	Source	Proposal
	Lead id: 63956958 x		43085	07/30/15 EDT		Manual	
	View/Edit Lead		45385	02/17/15 EST		Manual	
	Email Lead		45385	02/17/15 EST		Manual	
	Add Note		45424	02/05/15 EST		Manual	
	Add Event		45335	02/02/15 EST		Manual	
	Add Attachment		45050	01/30/15 EST		Manual	
Print View							

[Home](#) | [Leads](#) | [Reports](#) | [Support](#) | [Resources](#)

- Click “**Status**” and pick the new status for the Lead
- Once you click out of the box, the information will be saved

Broker Office

HOME LEADS REPORTS SUPPORT RESOURCES

[View Leads](#) [Add Leads](#) [In Progress SSE](#) [Import Leads](#) [Lead Status Actions](#)

Lead Search

Search your leads below:

Keywords:

SEARCH

[Advanced Search](#)

Contact Info
Plan Info

To add or edit information, click on the blank field next to each label.
Your information is saved automatically.

HOST MEETING

OPEN MARKETPLACE

Lead ID	63956958	Time Created	07/30/15 10:32 AM EDT
Full Name	Test Test		
Address 1	1234 main street	Address 2	
City	Columbus	State	OH
Zip Code	43085		
Phone 1		Phone 2	
Email	abc@nomail.com	Fax	
Status		Follow Up Date	
How Found		Reference	
Source			
Household Income		Household Size	

Notes History

Date	Notes
	no notes for this lead yet.

[Add Note](#)

Adding Notes:

- Navigate to the Leads information page using the instructions above
- Under the Notes History section, click on **“Add Note”**
- Click in the dialog box to add notes

Broker Office

HOME
LEADS
REPORTS
SUPPORT
RESOURCES

View Leads
Add Leads
In Progress SSE
Import Leads
Lead Status Actions

Lead Search

Search your leads below:

Keywords:

SEARCH

Advanced Search

Contact Info
Plan Info

To add or edit information, click on the blank field next to each label. Your information is saved automatically.

HOST MEETING

OPEN MARKETPLACE

Lead ID	60434530	Time Created	02/05/15 03:45 PM EST
Full Name	Norvax Test	Address 1	Address 2
	City		State
Zip Code	45424	Phone 1	Phone 2
Email	lsfolh8932@norva.com	Status	Follow Up Date
How Heard	Source Manual		Reference
Household Income			Household Size

Notes History -

Click here to add a note

[Close](#)

Adding FFM ID to BrokerOffice Account:

Note: All agents who wish to submit application on Federal Marketplace should complete this step

- Click on the “Home” tab
- Click “Edit User Info”

Broker Office 

HOME LEADS REPORTS SUPPORT

Account Summary View Account Info **Edit User Info**

Lead Balance

Your current balance is:

\$0.00

Basic Account Information

	Today	Week	Month
Manual	0	0	1
Total	0	0	1

To add a new lead, please click the button below:

ADD LEADS

September 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Daily Tasks 2015 9-21

No Tasks.

Day View Week View Month View

[View All FollowUps](#)

Search Leads [Advanced Search](#)

Search through your leads below:

Search term: **SEARCH**

Today's New Leads [View All](#)

Action	Name	Phone	Email	Time
No new leads received today, click here to view all your leads.				

- In the Edit User Information screen click the “FFM User ID” box
- Enter your FFM ID
- Click “Update”

Lead Balance 

Your current balance is:

\$0.00

Lead Search 

Search your leads below:

Keywords:

SEARCH

Advanced Search

Edit User Info

Please enter the user's information below. * Required

Account: Demo Test

User Name: 78093demo

* Password: [Change Password](#)

First Name:

Last Name:

* Email:

Phone:

FFM User Id:

National Producer Number:

UPDATE

- You will see a message at the top of the screen "User was updated successfully"

Lead Balance 

Your current balance is:

\$0.00

Lead Search 

Search your leads below:

Keywords:

SEARCH

Advanced Search

Edit User Info

Please enter the user's information below. * Required

User was updated successfully.

Account: Demo Test

User Name: 78093demo

* Password: [Change Password](#)

First Name:

Last Name:

* Email:

Phone:

FFM User Id:

Accessing Marketplace:

- Pull up the lead for which you would like to proceed to Marketplace
- Click on **“OPEN MARKETPLACE”** button on the top of the screen
 - *Note: The Open Marketplace button will not work if the lead does not have an email address or zip code.*

BrokerOffice 

HOME LEADS REPORTS SUPPORT RESOURCES

View Leads Add Leads In Progress SSE Import Leads Lead Status Actions

Lead Search

Search your leads below:

Keywords:

SEARCH

Advanced Search

Contact Info | **Plan Info**

To add or edit information, click on the blank field next to each label.
Your information is saved automatically.

HOST MEETING

OPEN MARKETPLACE

Lead ID: 63956955 | Time Created: 07/30/15 10:33 AM EDT

Full Name: TestTest

Address 1: 1234 main street | Address 2:

City: Columbus | State: OH

Zip Code: 43085

Phone 1: | Phone 2:

Email: abc@nomail.com | Fax:

Status: | Follow Up Date:

How Heard: | Reference:

Source: Manual | Household Income: | Household Size:

Notes History

Date: | Details:

There are no notes for this lead yet.

[Add Note](#)

Personal Information

	Name	Sex	Birth Date	Age	Height (Ft/In)	Weight (lbs)	Smoker	Student	In Quote
Applicant	TestTest	F	01/01/1983	32	5Ft 8in	125			YES
Spouse									
Child 1									
Child 2									
Child 3									
Child 4									
Child 5									
Child 6									



Quoting in Marketplace:

Once you launch Marketplace from BrokerOffice, lead data provided in BrokerOffice will automatically pre-populate in Marketplace.

- Enter “**Date of Birth**” (if not passed from BrokerOffice)
- Select “**Gender**”
- Enter smoking status
- Click “**Continue**”

- If you would like to add a spouse or dependent to the application, click “**Add Spouse**” or the “**Add Dependent**” button
- Once you click “**Continue**” you will be prompted for the applicant’s **Contact Information**
- Click “**View Plans**” to begin shopping

Contact Information

 Please enter the contact information of the primary applicant.

First Name

Testing

Last Name

Test

Email Address

test23@nomail.com

Phone Number

(458) 792-4587

By clicking the button you consent to receive autodialed and/or pre-recorded telemarketing calls, emails, and text messages from or on behalf of Scott and White Health Plan at the telephone number and email address you provided above. You understand that consent is not a condition of purchase and you may also receive a quote by contacting us via phone. You may revoke this consent at any time by contacting us via phone to be placed on our do-not-call list.

Your carrier's message and data rates may apply. Scott and White Health Plan does not charge you for sending or receiving text messages. If you are Medicare-eligible a representative will call you about a Medicare Advantage plan, Medicare Prescription Drug plan, Medicare Supplement plan or other Medicare plans. By using this form you agree to the terms of our [Privacy Policy](#).

View Plans
I consent to the terms of this form

Once the quoting platform initiates, you will be asked to provide the applicant's household size and yearly income to determine eligibility for subsidized health insurance.

- Enter the total number of individuals living in the household
 - *Note: Even if the application is on behalf of one individual, household size provided in this screen should be inclusive of everyone who will be reported on the applicant's tax return.*
- Enter total yearly income
 - *Note: This income should be inclusive of all members of the household.*

Welcome, Harry

Email Marketplace Link

Are you eligible for lower costs on your health insurance?

3.5 million people have qualified for lower costs with government subsidies.
You may be able to save if you make less than \$3800 per month or \$45,960 per year.

How many people are in your household?

- 2 +

Household size: Even if you are applying for yourself, make sure to list everyone you will report on your tax return.

What's your total yearly income?

\$ 25,000

Yearly Income: Include gross wages, salaries, tips and interest for everyone above. You can estimate based on last year.

Continue

Note: We'll provide an estimate so you can budget appropriately. Your official tax credit will be confirmed by the federal government.

Note: Your estimated subsidy amount will be calculated based on the information you provide.

- If the applicant's subsidy eligibility information needs to be revised, you can do so by clicking the "Edit" link
- Plans can be sorted using the "SORT PLANS BY" dropdown menu which appears right above the first available plan to select from
- Plans can also be filtered using the options available in the "Shop by" menu on the left side of the screen.
- If the applicant qualifies for subsidized health insurance, then an estimate of the subsidy amount that will be applied is available in the white box above the plans.
 - Note: The estimated savings are not final. The actual subsidy amount will be determined after the application is submitted to the FFM.

38 Plans found
Show All Plans

Shop by

- Deductible >
- Copayment >
- Max Out-Of-Pocket >
- Plan Type >
- Plan Categories >
- Monthly Premium >
- Tax Credit Eligible >
- Pediatric Dental >
- HSA Eligible >

Health Plans

Showing **38** of **38** plans starting at **\$267.85 a month**.
Quote results for **1 applicant** in TX. ([Edit](#))
Estimated monthly cost savings of **\$157.00** applied. ([Edit](#))

Some plans listed below are available as both tax credit eligible and non-tax credit eligible. Since we have estimated that you may be eligible for a tax credit, we'll show you the tax credit eligible versions of those plans.

SORT PLANS BY Premium ▾

 Scott and White Scott and White Health Plan Bronze 6000/500v Plan ID: 40788TX0170001					ORIGINAL MONTHLY PREMIUM \$267.85
<u>Plan Type</u> HMO	<u>Deductible</u> \$6,000	<u>PCP Visit Copay</u> Not Applicable	<u>Max Out-Of-Pocket</u> \$6,850	<u>Plan Details</u> View	YOUR MONTHLY PREMIUM \$110.85
<input type="checkbox"/> Compare					<input checked="" type="checkbox"/> Bronze
					<input checked="" type="checkbox"/> Tax Credit Eligible
					<input type="button" value="Continue"/>

Categories

Available Sort Options:

- Premium
- Plan Category
- Maximum Out of Pocket
- Copayment
- Deductible
- Plan Type

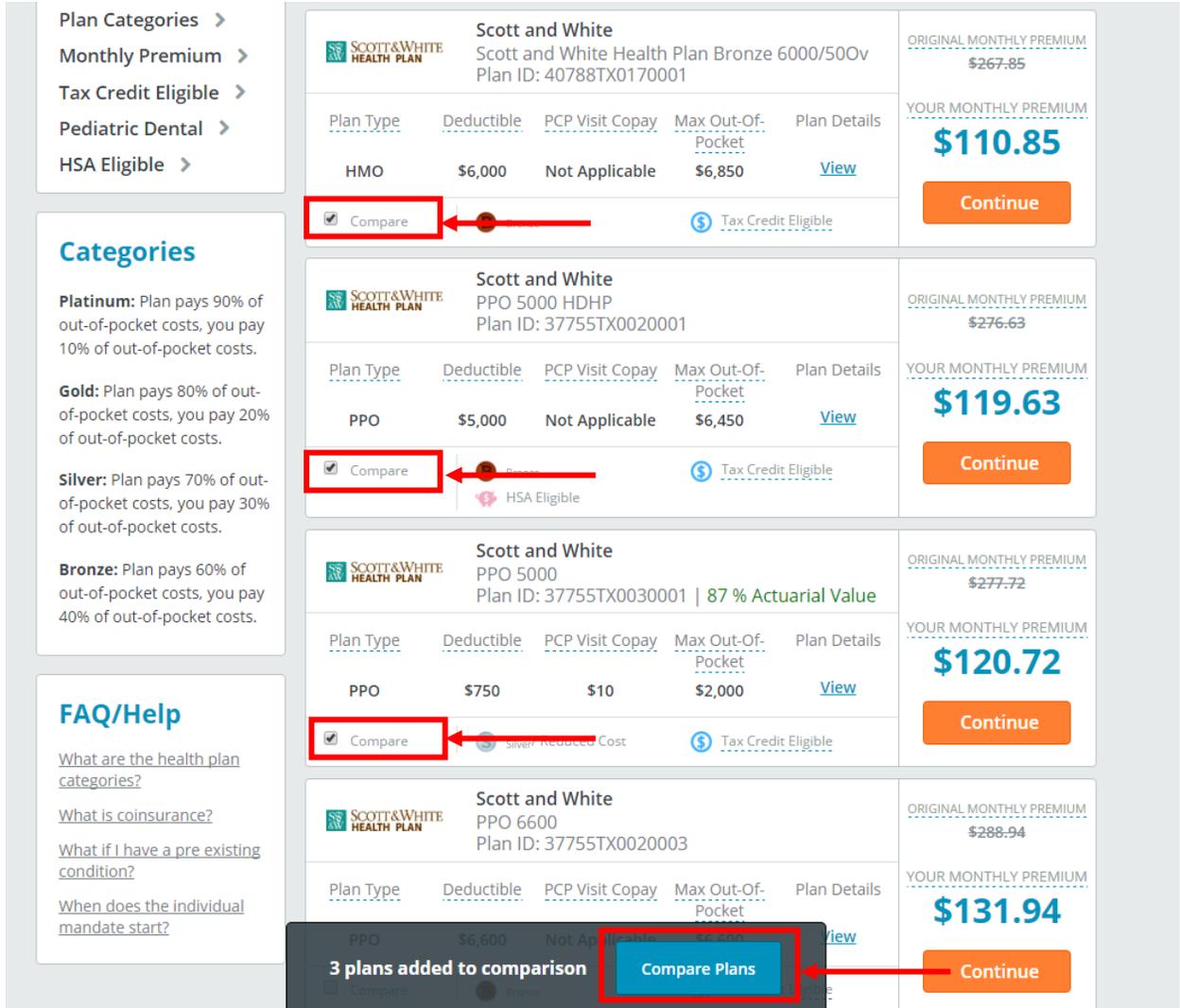
Use the filters to narrow down your

The estimated monthly cost savings amount is visible here.

Use the Sort to choose your plan option

Plan Comparison:

- To compare plans, select the checkbox next to “Compare” in the lower left hand corner of each plan you wish to compare
- After selecting more than one plan to compare, a blue box labeled “Compare” will appear at the bottom of the screen. You can compare up to 4 plans at one time



The screenshot displays a comparison interface for Scott & White Health Plans. On the left, there are navigation links for Plan Categories, Monthly Premium, Tax Credit Eligible, Pediatric Dental, and HSA Eligible. Below these are sections for Categories (Platinum, Gold, Silver, Bronze) and FAQ/Help. The main area shows four plan cards, each with a 'Compare' checkbox and a 'Continue' button. A red box highlights the 'Compare' checkbox for each plan, and a red arrow points to it. At the bottom, a dark grey bar indicates '3 plans added to comparison' and features a blue 'Compare Plans' button, also highlighted with a red box and arrow.

Plan Name	Plan ID	Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Original Monthly Premium	Your Monthly Premium
Scott and White Scott and White Health Plan Bronze 6000/500v	40788TX0170001	HMO	\$6,000	Not Applicable	\$6,850	\$267.85	\$110.85
Scott and White PPO 5000 HDHP	37755TX0020001	PPO	\$5,000	Not Applicable	\$6,450	\$276.63	\$119.63
Scott and White PPO 5000	37755TX0030001 87 % Actuarial Value	PPO	\$750	\$10	\$2,000	\$277.72	\$120.72
Scott and White PPO 6600	37755TX0020003	PPO	\$6,600	Not Applicable	\$6,600	\$288.94	\$131.94

3 plans added to comparison **Compare Plans** Continue

- Side-by-side comparison of the plans will be displayed
- You can click on the links provided underneath each plan for detailed information on the plans
- To proceed with a preferred plan, click “Continue” below the plan you wish to select



Welcome, Troy ▾

[Email Marketplace Link](#)

Call Us **(844) 843-3227**

TIM TURNER IS ASSISTING TROY AIKMAN

[← Back To Quotes](#) Insurance Plan Benefit Details and Comparison

	YOUR MONTHLY PREMIUM	YOUR MONTHLY PREMIUM	YOUR MONTHLY PREMIUM
<p>Compare Plans</p> <p>If you are satisfied with one of these plans, click Continue</p>	<p>\$110.85</p>  <p>Scott and White Health Plan Bronze 6000/500v</p> <p>Continue</p> <p>B Bronze Tier</p> <p>S Tax Credit Eligible</p> <p>\$6,000 Deductible</p> <p>\$6,850 Max Out-Of-Pocket</p>	<p>\$119.63</p>  <p>PPO 5000 HDHP</p> <p>Continue</p> <p>B Bronze Tier</p> <p>S Tax Credit Eligible</p> <p>\$5,000 Deductible</p> <p>\$6,450 Max Out-Of-Pocket</p>	<p>\$120.72</p>  <p>PPO 5000</p> <p>Continue</p> <p>S Silver Tier</p> <p>S Tax Credit Eligible</p> <p>\$750 Deductible</p> <p>\$2,000 Max Out-Of-Pocket</p>
Additional Documents	<p>Summary of Benefits</p> <p>Provider Directory</p> <p>Plan Brochure</p>	<p>Summary of Benefits</p> <p>Provider Directory</p> <p>Plan Brochure</p>	<p>Summary of Benefits</p> <p>Provider Directory</p> <p>Plan Brochure</p>



Consumer Links:

The Marketplace Link tool allows an agent to send a link to an in-progress quote or application that allows the applicant to return to an in-progress session to complete their application at a later time. A button will appear at the upper right hand corner of the Marketplace user interface that the agent can use to launch the Marketplace Link tool. After clicking the button, an agent can send the applicant an email with a link to their session.

- Click on “**Email Marketplace Link**” either on the shopping page or at the beginning of the application

The screenshot shows the Scott & White Health Plan Marketplace interface. At the top right, there is a navigation bar with "Continue Enrollment" and "Welcome, Harry". A red box highlights the "Email Marketplace Link" button, which is accompanied by an envelope icon. Below this, the phone number "Call Us (844) 843-3227" is displayed. A status bar indicates "TIM TURNER IS ASSISTING HARRY TRUMAN". The main content area is titled "Your Shopping Cart" and shows "2 Applicants / TX / [Edit Your Information](#)". Under "Your Selected Plans", a table lists the plan details:

Plan	Plan Type	Applicants	Price
 Scott and White PPO 5000 Silver PPO View Full Details Effective Date: 01/01/2016	Health	<input checked="" type="checkbox"/> Harry Truman <input checked="" type="checkbox"/> Your Spouse	\$1,341.78 \$273.78 / Month Change

Total Monthly Cost **\$273.78**

At the bottom of the cart, there are two buttons: "Back To Plans" and "Begin Online Enrollment".

- An “**Email Marketplace Link**” popup screen will appear.
- Copy and paste the link to your own email client.
- Click “**Close Window**” once you have copied the link

Continue Enrollment ● | Welcome, Harry ▾

 Scott & White
HEALTH PLAN

Email Marketplace Link ✉

Call Us (844) 843-3227

▲ TIM TURNER IS ASSISTING HARRY TRUMAN

Your Shopping Cart

2 Applicants / TX / [Edit Your Information](#)

Your Shopping Cart

Email Marketplace Link

The web address below should be emailed to **HTruman@testing123.com** so that they may continue the shopping process.

COPY AND PASTE THIS URL

<https://scottwhite-uat.gohealth.com/api/1/resume/1bdac32523fb45d0ab740db10b9e5f80>

Close Window

Plan

Scott & White Health Plan

PPO

Silver

Effect

78

◀ Back To Plans

Begin Online Enrollment ▶



On-Exchange Enrollment:

- To find tax credit eligible plans, click on **“Yes”** below the Tax Credit Eligible filter on the left side of the screen, or
- Pick a plan that has the  **Tax Credit Eligible** icon
- Click **“Continue”**

The screenshot shows the Scott & White Health Plan enrollment page. At the top right, it says "Continue Enrollment" and "Welcome, Harry". There is a button for "Email Marketplace Link" and a phone number "Call Us (844) 843-3227". A notification bar indicates "TIM TURNER IS ASSISTING HARRY TRUMAN".

On the left, there are search filters. Under "Tax Credit Eligible", the "Yes" option is selected and highlighted with a red box and an arrow. Other filters include Deductible, Copayment, Max Out-Of-Pocket, Plan Type, Plan Categories, Monthly Premium, Pediatric Dental, and HSA Eligible.

The main content area shows "38 Plans found" and "Showing 38 of 38 plans starting at \$226.10 a month." Below this, there is a table of plan results. The first plan is "Scott and White Scott and White Health Plan Bronze 6000/500v" with a monthly premium of \$226.10. It is marked as "Tax Credit Eligible" with a blue icon. The second plan is "Scott and White PPO 5000 HDHP" with a monthly premium of \$1336.50.

Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Plan Details	YOUR MONTHLY PREMIUM
HMO	Individual: \$6,000 Family: \$12,000	Not Applicable	Individual: \$6,850 Family: \$13,700	View	\$226.10
PPO 5000 HDHP					\$1336.50

- Plans that match your search criteria are displayed
- Click **“Continue”** by the plan you wish to proceed with

38 Plans found
[Show All Plans](#)

Shop by

- Deductible >
- Copayment >
- Max Out-Of-Pocket >
- Plan Type >
- Plan Categories >
- Monthly Premium >
- Tax Credit Eligible ▼
 - Yes
 - No
- Pediatric Dental >
- HSA Eligible >

Categories

Health Plans

Showing 38 of 38 plans starting at **\$226.10 a month**.
Quote results for 2 applicants in TX. ([Edit](#))
Estimated monthly cost savings of \$1068.00 applied. ([Edit](#))

Some plans listed below are available as both tax credit eligible and non-tax credit eligible. Since we have estimated that you may be eligible for a tax credit, we'll show you the tax credit eligible versions of those plans.

SORT PLANS BY Premium [Return to your selected plans](#)

Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Plan Details	Original Monthly Premium	Your Monthly Premium
<p>Scott and White Scott and White Health Plan Bronze 6000/500v Plan ID: 40788TX0170001</p>						
HMO	Individual: \$6,000 Family: \$12,000	Not Applicable	Individual: \$6,850 Family: \$13,700	View	\$1294.10	\$226.10
<p><input type="checkbox"/> Compare  Bronze  Tax Credit Eligible</p>					<p>Continue</p>	
<p>Scott and White PPO 5000 HDHP Plan ID: 37755TX0020001</p>						
					\$1336.50	

- Review the selected plan info
- To select a different plan, click on the “Change” link or click select the “Back to Plans” button to go back to the plans page
- If the plan does not cover Pediatric Dental and there’s a dependent on the application, you will need to select the checkbox regarding the Pediatric Dental requirement before proceeding
- To begin the application click “Begin Online Enrollment”

Your Selected Plans

Plan	Plan Type	Applicants	Price
 Scott and White PPO 5000 Silver PPO View Full Details Effective Date: 10/01/2015	Health	<input checked="" type="checkbox"/> test tester <input checked="" type="checkbox"/> Dependent (10/01/2015)	\$292.10 / Month Change

Total Monthly Cost **\$292.10**

Your health plan does not include Pediatric Dental

By law, plans with dependents 18 years old or younger must include pediatric dental coverage. To enroll in this plan, you will be required to:

- Also enroll in a standalone dental plan that includes pediatric coverage in addition to this health plan. You will need to choose a dental plan on the next page or over the phone at (844) 843-3227.
- Provide proof of coverage to the insurer if you have existing pediatric dental coverage. Your insurance company will request proof of this coverage after you enroll in this health plan.

I understand and wish to continue without Pediatric Dental.

[◀ Back To Plans](#)
[Begin Online Enrollment ▶](#)

Please Note: Before proceeding to the FFM application, agents should be sure to verify their FFM ID and password at <https://portal.cms.gov>. A few important notes regarding FFM passwords:

- Your FFM password resets every 60 days. Make sure to update it to sell on-exchange plans.
- The password can only be changed once a day. If you have already changed your password in a given day, you must wait twenty-four (24) hours to reset it again.

Once your FFM credentials are verified and updated, you can proceed with on-exchange applications.

- Click **“Start Enrollment”**

- You will be taken to a screen that will prepare you to be redirected to the HealthCare.gov website. The screen will provide information on what items are needed to apply for subsidized health insurance.



Continue Enrollment ● | Welcome, Testing ▼

Call Us **(844) 843-3227**

Apply for Health Cost Savings

In order to receive the official cost savings from the federal government, you will be directed to the government website to complete the cost savings application. This process may take approximately 10 to 30 minutes.

Visit the government website to apply

To apply for the cost savings you will need:



- Social Security Number for each applicant
- Policy number if you currently have health insurance
- Employer and income information for everyone in your household including employer contact information and EIN

Come back to enroll!



Once your cost savings amount is determined, you will be redirected back here to enroll in the health plan you selected. We'll adjust all premiums based on your confirmed cost savings amount.

IMPORTANT! You will be redirected back here to enroll in the health plan you selected. If you get lost or need help, come back to this page and we'll point you in the right direction.

◀ Back to Cart

Continue ▶

You will be redirected to Healthcare.gov

Your Selected Plan



Scott and White
Scott and White Health Plan Bronze
6000/500v

[View Plan Details](#) | [Change Plan](#)

Plan Type	Health
Coverage Starts	01/01/2016
Applicants	1
Price	\$245.27
	\$232.27

© 2015 Scott & White Health Plan | [Privacy Policy](#)

- From this screen you will be directed to HealthCare.gov to complete the application
- Once on the HealthCare.gov website, enter your FFM credentials and select “LOG IN”

HealthCare.gov Individuals & Families Small Businesses

[Return to enrollment website](#)

Log in

All fields are required unless they're marked optional.

AB_Issuer119 [Forgot your username?](#)

..... [Forgot your password?](#)

LOG IN

Don't have an account? [Create one now.](#)

- Enter the year for plan effectuation by selecting year from the “**Select Year**” dropdown
- Select a state from the “**Application State**” dropdown
- Click “**START APPLICATION**”

What would you like to do?

Important: Select "Look Up Application" to see if the person has an existing 2016 application:

- If there **is** a 2016 application, it will be pre-populated, but you can make changes by selecting "Report a life change."
- If there **isn't** a 2016 application, return to this page and select "Start Application" to look for a 2015 application, which you can use to pre-populate a 2016 application.
- If there **isn't** a 2015 **or** 2016 application, select "Start Application" to start a new 2016 application.

Start a client's new application

To start a new application, enter the state in which your client wishes to purchase Marketplace coverage.

Select Year Application state

Select Year Select State

START APPLICATION

Look up a client's existing application

To find client's existing Marketplace application, click the button below and enter the requested information on the page that follows. (This is for applications that have already been started. If you are starting a new application, please refer to the 'Start Application' feature on the left.)

LOOK UP APPLICATION

- If you'd like to look up an existing application for a client or to confirm that an existing application does not exist for the client, enter information to look up an existing application, click “**SEARCH**”



- It is recommended you always search for an application before entering a new one to make sure that there are no duplicate applications. To bypass searching for an existing application, select “start a new one.”

Find an application , or [start a new one](#)

To find a client's existing Marketplace application, enter his or her information. (The easiest way to find an application is to enter their Marketplace application ID.)

Application ID *optional* Coverage year State

2015 MI

First name Last name

Donald Smith

Date of birth Social Security Number (SSN) *optional*

08/08/1980 673-32-0350

MM/DD/YYYY XXX-XX-XXXX

SEARCH

- Click to agree to the Privacy & use of your information
- Click “TAKE ME TO THE APPLICATION”

HealthCare.gov Individuals & Families Small Businesses Log in Español

Apply Get Results Get Coverage

Important Marketplace emails

If the Marketplace has your email address, we'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Privacy & the use of your information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof. We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

[Learn more about your data, or view the Privacy Act Statement.](#)

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

TAKE ME TO THE APPLICATION



- Select "SINGLE" or MARRIED"
- Enter the number of Dependents claimed on 2016 tax return
- Click "CONTINUE"

A screenshot of the HealthCare.gov website interface. At the top, there are navigation tabs for "HealthCare.gov", "Individuals & Families", and "Small Businesses". Below the navigation is a progress bar with three steps: "Apply" (highlighted), "Get Results", and "Get Coverage". The main content area has a dark blue background with white text. The heading "Before you get started" is followed by a sub-heading "Are you single or married?". Below this are two buttons: "SINGLE" and "MARRIED". The next question is "How many tax dependents, like your children, will you claim on your 2016 tax return?". Below this question is a text input field containing the number "0". At the bottom right of the form is a large green button labeled "CONTINUE".

- Enter income you expect to make this year
- Answer "Yes/No" for the estimated income to be under \$49,000 for the household

HealthCare.gov Individuals & Families Small Businesses Log in Español

Apply Get Results Get Coverage

Before you get started

Fill in the information below about your household. Not applying for coverage in Michigan? [Change your state.](#)

Are you single or married? [?](#)

SINGLE MARRIED

How many tax dependents, like your children, will you claim on your 2016 tax return? [?](#)

Include all of your dependents on your 2016 tax return, even those not applying for coverage.
Don't include yourself.

0 ▾

How much income will you make this year? (optional) [?](#)

\$49,000 OR LESS MORE THAN \$49,000

Based on your estimated household income in 2016 of less than \$49,000, you may get help paying for coverage. Do you want to answer additional questions to see if you qualify for help paying for coverage? [?](#)

YES NO

CONTINUE

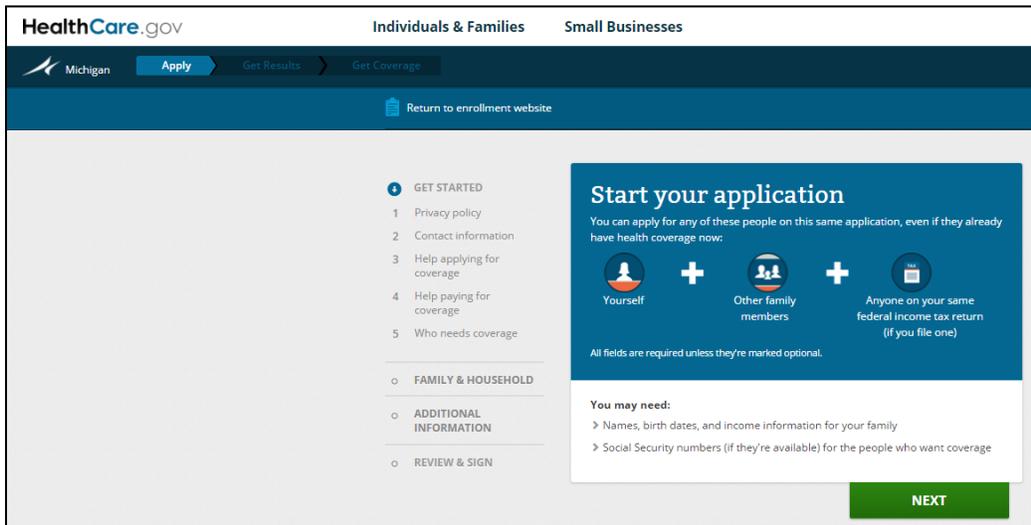
- Answer “Yes/No” to the questions about people applying for coverage
- Click “CONTINUE”

Questions about people applying for coverage: You

- YES** **NO** Do you currently live in Michigan? ⓘ
- YES** **NO** Do you plan to file a federal income tax return for 2016?
You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit pay for coverage now. ⓘ
- YES** **NO** Are you a U.S. citizen? ⓘ
- YES** **NO** Can you enter your Social Security Number (SSN)? ⓘ
- YES** **NO** Are you applying under a name different than the one on your Social Security card? ⓘ
- YES** **NO** Are you a naturalized or derived citizen? (This usually means a U.S. citizen who was born outside the U.S.) ⓘ
- YES** **NO** Are you currently incarcerated (detained or jailed)?
- YES** **NO** Are you an American Indian or Alaska Native? ⓘ
- YES** **NO** Are you responsible for a child 18 or younger who lives with you, but isn't on your tax return? ⓘ
- YES** **NO** Are you offered health coverage through your job, someone else's job, or COBRA?
(Select "Yes" even if you didn't enroll, or the enrollment period is over.) ⓘ
- YES** **NO** Is anyone pregnant, or have you had a child in the last 60 days?

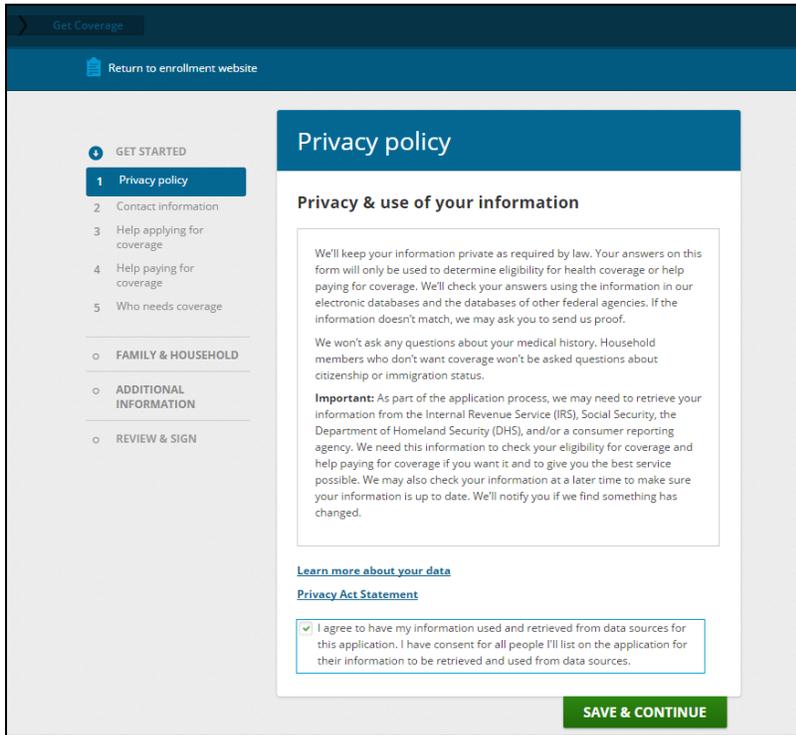
CONTINUE

- Click **"NEXT"** to start your application



The screenshot shows the HealthCare.gov website interface. At the top, there are navigation links for "Individuals & Families" and "Small Businesses". Below this, there are tabs for "Michigan", "Apply", "Get Results", and "Get Coverage". A "Return to enrollment website" link is also visible. On the left side, there is a "GET STARTED" section with a numbered list of steps: 1. Privacy policy, 2. Contact information, 3. Help applying for coverage, 4. Help paying for coverage, and 5. Who needs coverage. Below this list are three main categories: "FAMILY & HOUSEHOLD", "ADDITIONAL INFORMATION", and "REVIEW & SIGN". The main content area features a "Start your application" box with the text: "You can apply for any of these people on this same application, even if they already have health coverage now:". Below this text are three icons representing "Yourself", "Other family members", and "Anyone on your same federal income tax return (if you file one)". A note states: "All fields are required unless they're marked optional." Below the icons, there is a "You may need:" section with two bullet points: "Names, birth dates, and income information for your family" and "Social Security numbers (if they're available) for the people who want coverage". At the bottom right of the application box is a green "NEXT" button.

- Click to agree to the privacy policy
- Click **“SAVE & CONTINUE”**



Get Coverage

Return to enrollment website

GET STARTED

- 1 Privacy policy
- 2 Contact information
- 3 Help applying for coverage
- 4 Help paying for coverage
- 5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Privacy policy

Privacy & use of your information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our electronic databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof.

We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

Important: As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

[Learn more about your data](#)

[Privacy Act Statement](#)

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

SAVE & CONTINUE

- Complete the contact information
- Enter First, Middle and Last Name
- Enter Home Address
- Enter your Email address
- Enter Phone#
- Select **“Yes”** to read the notices online
- Select **“No”** if you wish to get paper notices
- Click **“SAVE & CONTINUE”**

et Coverage

[Return to enrollment website](#)

Contact information

If we need to contact you, we'll use this information from your Marketplace account (If any of these fields are blank, you can add information here.) Don't enter any letters with special characters, like accents, tildes, etc.

If the Marketplace has your email address, we'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

First name Middle *optional* Last name Suffix *optional*

Date of birth

MM/DD/YYYY

Email

Home address

Street address Apt./Ste.# *optional*

City State ZIP code

No home address *optional*

GET STARTED

✓ Privacy policy

2 Contact information

3 Help applying for coverage

4 Help paying for coverage

5 Who needs coverage

○ FAMILY & HOUSEHOLD

○ ADDITIONAL INFORMATION

○ REVIEW & SIGN

Is your mailing address the same as your home address?

Yes

No

Phone number Ext. *optional* Phone type *optional*

XXX-XXX-XXXX

Second phone number *optional* Ext. *optional* Phone type *optional*

XXX-XXX-XXXX

Preferred spoken language *optional* Preferred written language *optional*

We need to know the best way to contact you about this application and your health coverage if you're eligible.

Do you want to read your notices about your application on this website?

Yes, I want to read my notices online.

No, I want to get paper notices sent to me in the mail.

SAVE & CONTINUE

- If there are any variations to the home address you will see the screen below
- Select the correct address
- Click **"CONTINUE"**

Michigan Apply

[Return to enrollment website](#)

GET STARTED

✓ Privacy policy

2 Contact information

3 Help applying for coverage

4 Help paying for coverage

5 Who needs coverage

○ FAMILY & HOUSEHOLD

○ ADDITIONAL INFORMATION

○ REVIEW & SIGN

Is your mailing address the same as your home address?

Yes

Verify your home address

The U.S. Postal Service has different address information. Review and select your correct home address.

<p>You entered:</p> <p>1777 3rd street Detroit, MI 48201</p>	<p>We found:</p> <p>1777 3RD ST DETROIT, MI 48226-2561</p>
---	---

Select your home address:

1777 3RD ST, DETROIT, MI 48226-2561

1777 3rd street, Detroit, MI 48201

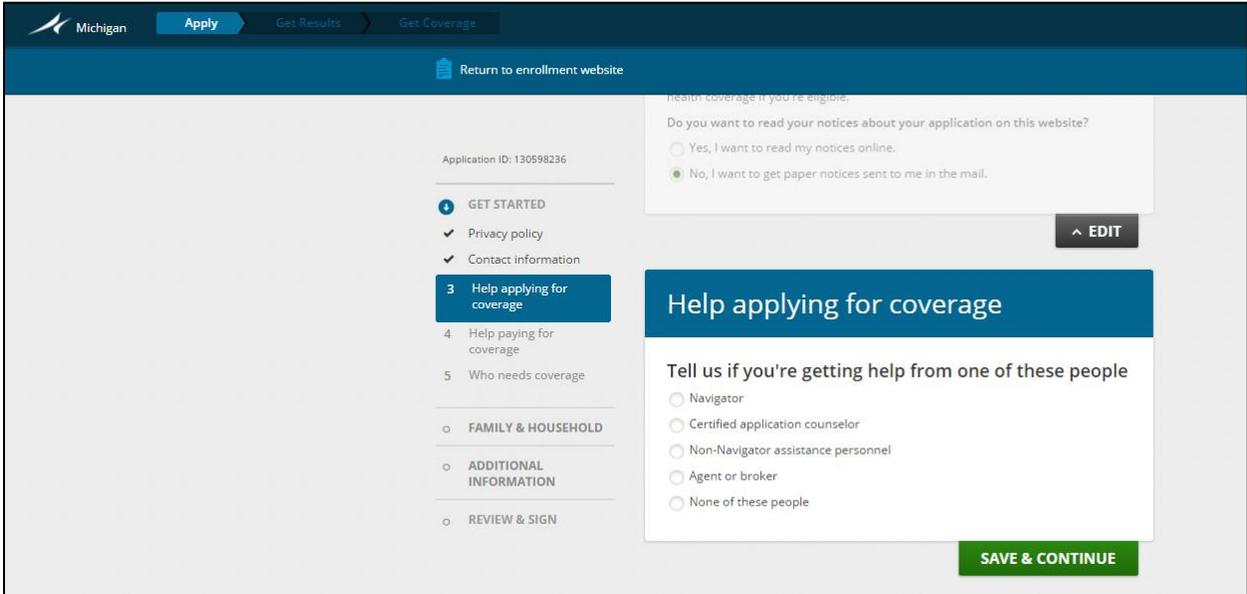
Other address

No home address

CONTINUE

SAVE & CONTINUE

- Select an option for “Help applying for coverage”
- Select the “Agent or broker” option for agent /broker assisted flow
- Click “**SAVE & CONTINUE**”



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- ✓ Privacy policy
- ✓ Contact information
- 3 Help applying for coverage**
- 4 Help paying for coverage
- 5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

health coverage if you're eligible.

Do you want to read your notices about your application on this website?

Yes, I want to read my notices online.

No, I want to get paper notices sent to me in the mail.

^ EDIT

Help applying for coverage

Tell us if you're getting help from one of these people

Navigator

Certified application counselor

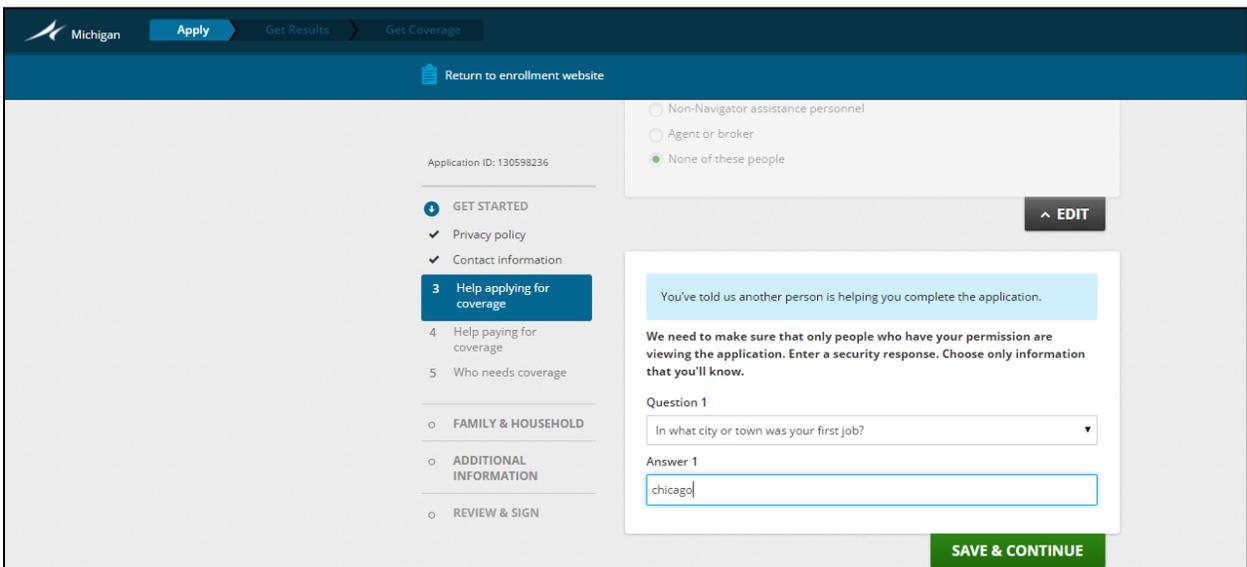
Non-Navigator assistance personnel

Agent or broker

None of these people

SAVE & CONTINUE

- Select a security question
- Enter an answer to the question
- Click “**SAVE & CONTINUE**”



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- ✓ Privacy policy
- ✓ Contact information
- 3 Help applying for coverage**
- 4 Help paying for coverage
- 5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Non-Navigator assistance personnel

Agent or broker

None of these people

^ EDIT

You've told us another person is helping you complete the application.

We need to make sure that only people who have your permission are viewing the application. Enter a security response. Choose only information that you'll know.

Question 1

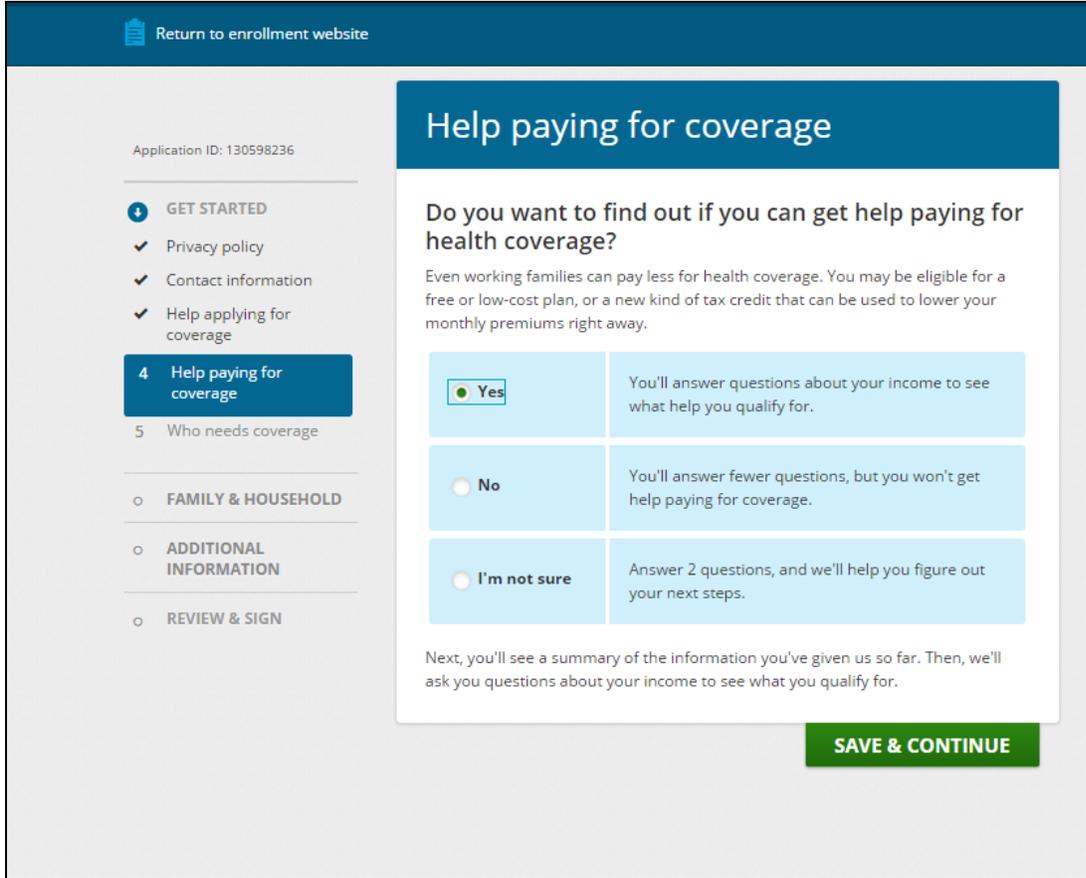
In what city or town was your first job?

Answer 1

chicago

SAVE & CONTINUE

- Select one of the options regarding getting help to pay for the coverage
- Click **“SAVE & CONTINUE”**



Return to enrollment website

Application ID: 130598236

4 Help paying for coverage

5 Who needs coverage

GET STARTED

- ✓ Privacy policy
- ✓ Contact information
- ✓ Help applying for coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Help paying for coverage

Do you want to find out if you can get help paying for health coverage?

Even working families can pay less for health coverage. You may be eligible for a free or low-cost plan, or a new kind of tax credit that can be used to lower your monthly premiums right away.

<input checked="" type="radio"/> Yes	You'll answer questions about your income to see what help you qualify for.
<input type="radio"/> No	You'll answer fewer questions, but you won't get help paying for coverage.
<input type="radio"/> I'm not sure	Answer 2 questions, and we'll help you figure out your next steps.

Next, you'll see a summary of the information you've given us so far. Then, we'll ask you questions about your income to see what you qualify for.

SAVE & CONTINUE

- Select the name of the applicant who needs coverage
- Click **“SAVE & CONTINUE”**

Application ID: 130598236

GET STARTED

- ✓ Privacy policy
- ✓ Contact information
- ✓ Help applying for coverage
- ✓ Help paying for coverage

5 Who needs coverage

FAMILY & HOUSEHOLD

INCOME

ADDITIONAL INFORMATION

REVIEW & SIGN

I'm not sure Answer 2 questions, and we'll help you figure out your next steps.

Next, you'll see a summary of the information you've given us so far. Then, we'll ask you questions about your income to see what you qualify for.

^ EDIT

Who needs coverage

Who are you applying for health coverage for?

Donald Smith only

Donald Smith & other family members

Other family members, not Donald Smith

SAVE & CONTINUE

- Review the info for the applicant(s)
- Click **“ADD A PERSON”** if you would like to add another person to the application
- Click **“SAVE & CONTINUE”**

Return to enrollment website

Application ID: 130598236

- Donald Smith only
- Donald Smith & other family members
- Other family members, not Donald Smith

GET STARTED

- ✓ Privacy policy
- ✓ Contact information
- ✓ Help applying for coverage
- ✓ Help paying for coverage

5 Who needs coverage

FAMILY & HOUSEHOLD

INCOME

ADDITIONAL INFORMATION

REVIEW & SIGN

You're applying for health coverage for these people

Select "ADD A PERSON" below to add each member of your household who's applying for health coverage.

Donald Smith [EDIT](#) [REMOVE](#)

Date of birth
08/08/1980

[+ ADD A PERSON](#)

[SAVE & CONTINUE](#)

The application will then progress to collect information on the applicant's Family and Household:

- Click "NEXT"

HealthCare.gov **Individuals & Families** Small Businesses

Michigan [Apply](#) [Get Results](#) [Get Coverage](#)

Return to enrollment website

Application ID: 130598236

- GET STARTED**
- FAMILY & HOUSEHOLD**
 - 1 Donald Smith
 - 2 More about this household
 - 3 Summary
- INCOME
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Family & household

We need to know about everyone included on your same federal income tax return and all family members who live with you, even if they're not applying for health coverage.

We'll match you with programs based on your income and family size, so we need this information to make sure you get the most help possible.

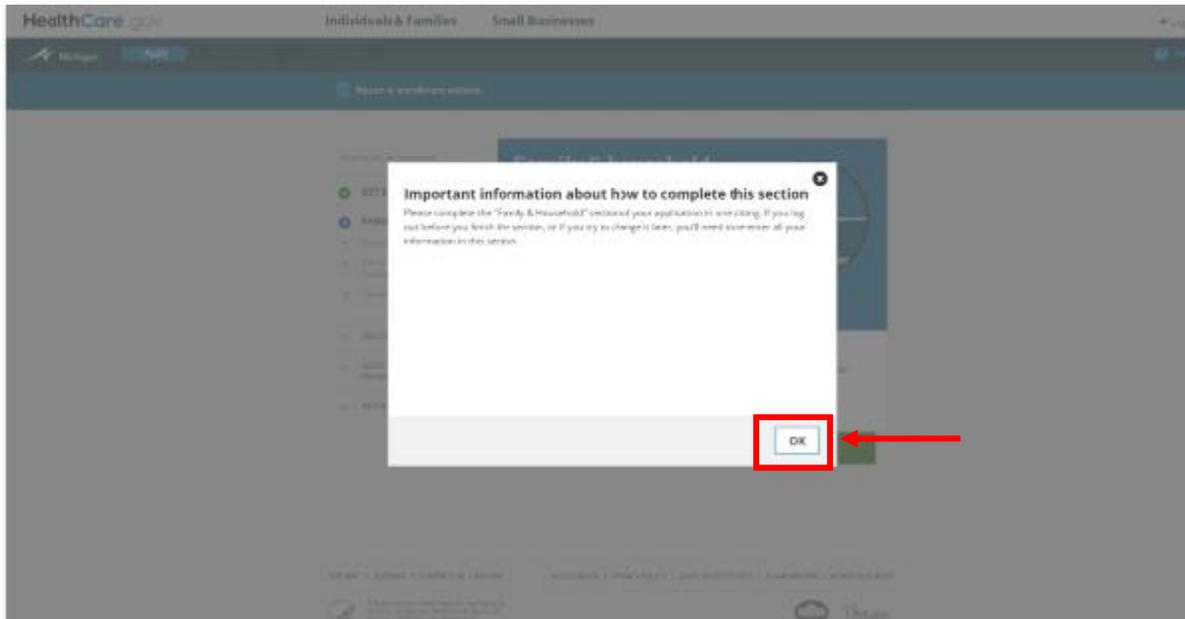
All fields are required unless they're marked optional.

You may need:

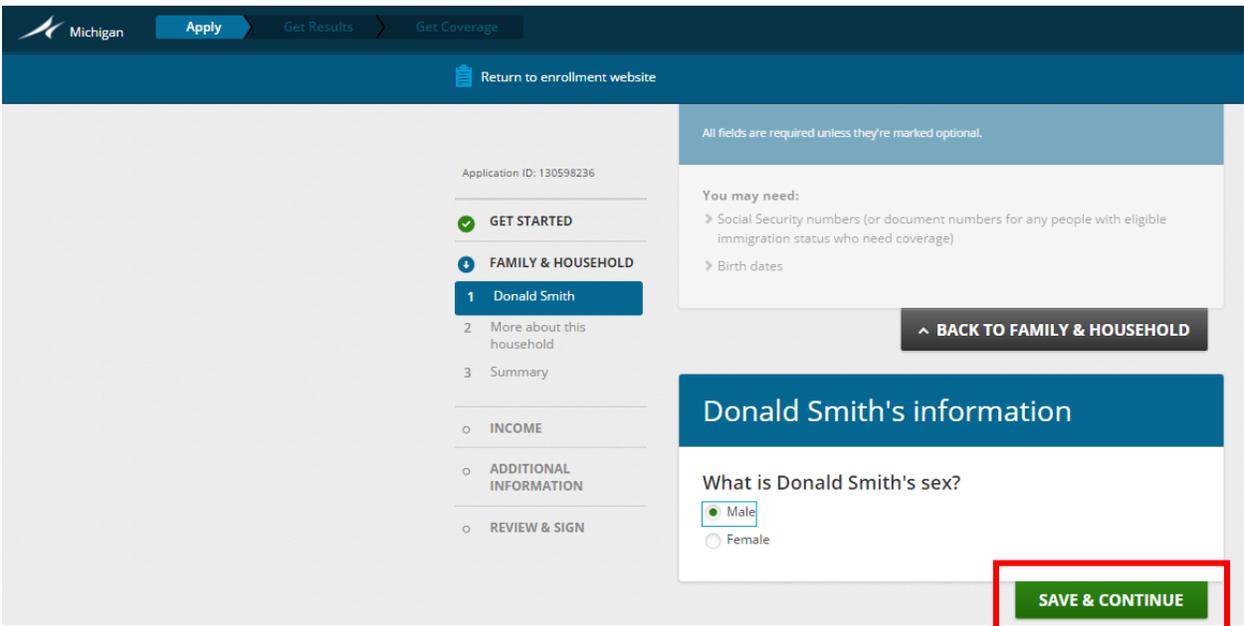
- Social Security numbers (or document numbers for any people with eligible immigration status who need coverage)
- Birth dates

[NEXT](#)

- Click **“OK”**

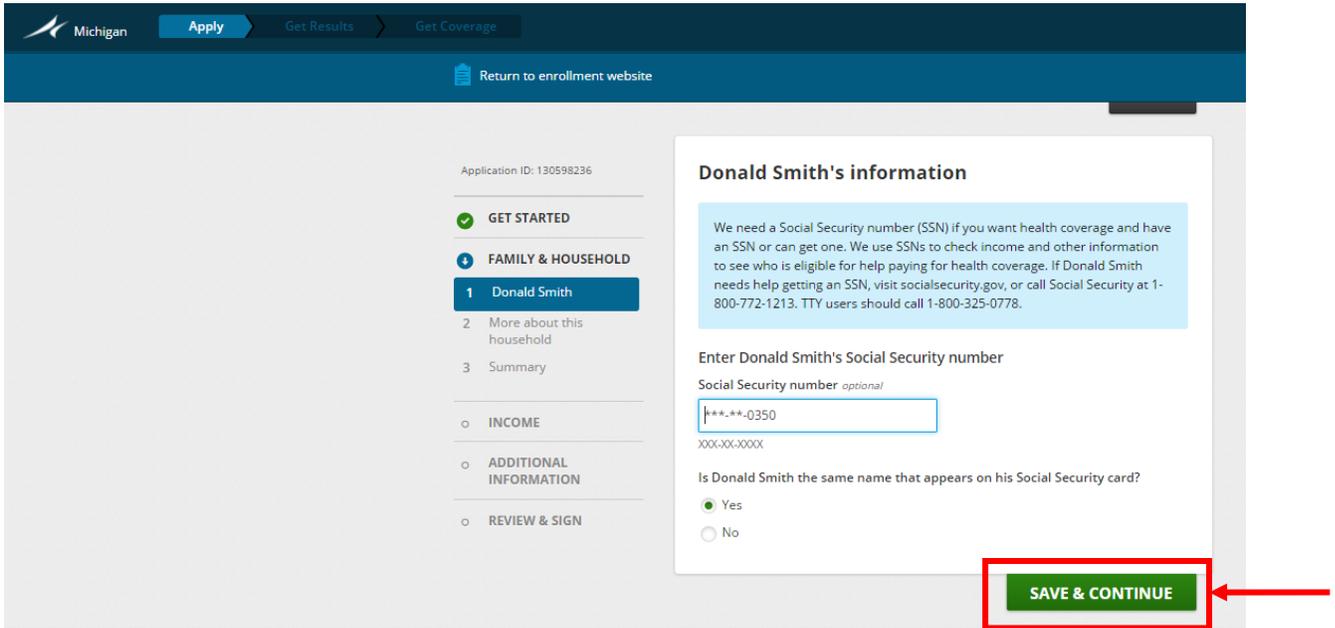


- Enter the sex of the applicant
- Click **“SAVE & CONTINUE”**



The screenshot displays the Michigan HealthCare.gov application process. The top navigation bar includes "Michigan", "Apply", "Get Results", and "Get Coverage". Below this is a "Return to enrollment website" link. The application ID is 130598236. A sidebar on the left shows the progress: "GET STARTED" (completed), "FAMILY & HOUSEHOLD" (active), and "REVIEW & SIGN" (pending). Under "FAMILY & HOUSEHOLD", the first step is "1 Donald Smith". The main content area shows a "What is Donald Smith's sex?" question with radio buttons for "Male" (selected) and "Female". A "SAVE & CONTINUE" button is highlighted with a red rectangular box at the bottom right of the form.

- Enter the Social Security number for the applicant
- Answer “Yes/No” to the name on the Social Security card
- Click “SAVE & CONTINUE”



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

GET STARTED

FAMILY & HOUSEHOLD

1 Donald Smith

2 More about this household

3 Summary

INCOME

ADDITIONAL INFORMATION

REVIEW & SIGN

Donald Smith's information

We need a Social Security number (SSN) if you want health coverage and have an SSN or can get one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage. If Donald Smith needs help getting an SSN, visit socialsecurity.gov, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Enter Donald Smith's Social Security number

Social Security number *optional*

||+*.**-0350

XXX-XX-XXXX

Is Donald Smith the same name that appears on his Social Security card?

Yes

No

SAVE & CONTINUE

- Answer “Yes/No” to the U.S. Citizen/ U.S. national question
- Click “SAVE & CONTINUE”

Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
 - 1 Donald Smith**
 - 2 More about this household
 - 3 Summary
- INCOME
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Social Security number *optional*

***-**-0350
XX-XX-XXXX

Is Donald Smith the same name that appears on his Social Security card?

Yes
 No

EDIT

You don't have to be a U.S. citizen or U.S. national to qualify for health coverage. Select "no" to view a list of other eligible immigration statuses, and choose the status that best describes yours.

Is Donald Smith a U.S. citizen or U.S. national?

[Learn more about immigration status](#)

Yes
 No

SAVE & CONTINUE

- Answer **“Yes/No”** to the Household questions
- Click **“SAVE & CONTINUE”**

Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
 - 1 Donald Smith**
 - 2 More about this household
 - 3 Summary
- INCOME
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Donald Smith's household information

Does Donald Smith plan to file a federal income tax return for 2016? You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit to help pay for coverage now.

Yes
 No

Is Donald Smith married?

Yes
 No

Will Donald Smith claim any dependents on his federal income tax return for 2016?

Yes
 No

Will Donald Smith be claimed as a dependent on someone else's tax return for 2016?

Yes
 No

SAVE & CONTINUE

- Answer “Yes/No” to the children under 19 living with the applicant question
- Click “SAVE & CONTINUE”

Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
 - 1 Donald Smith**
 - 2 More about this household
 - 3 Summary
- INCOME
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Yes
 No

EDIT

Does Donald Smith live with one or more children under age 19 and is he the main person taking care of that child or children?

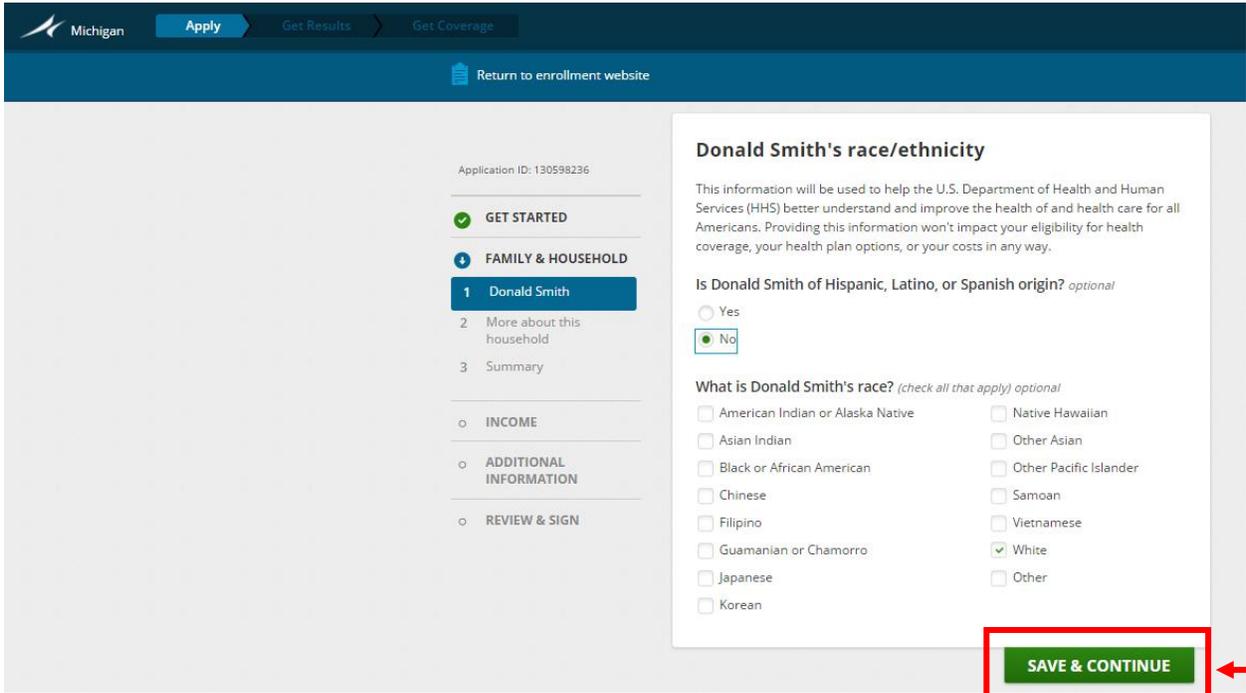
[Learn more about parent and caretaker relatives](#)

Select “Yes” if this person cares for a child under 19—like a son, daughter, or other tax dependent. Some adults can get more help paying for coverage if they take care of a child.

Yes
 No

SAVE & CONTINUE

- Answer “**Yes/No**” to the Hispanic Origin question
- Select the race of the applicant
- Click “**SAVE & CONTINUE**”



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

GET STARTED

FAMILY & HOUSEHOLD

1 Donald Smith

2 More about this household

3 Summary

o INCOME

o ADDITIONAL INFORMATION

o REVIEW & SIGN

Donald Smith's race/ethnicity

This information will be used to help the U.S. Department of Health and Human Services (HHS) better understand and improve the health of and health care for all Americans. Providing this information won't impact your eligibility for health coverage, your health plan options, or your costs in any way.

Is Donald Smith of Hispanic, Latino, or Spanish origin? *optional*

Yes

No

What is Donald Smith's race? *(check all that apply) optional*

American Indian or Alaska Native

Native Hawaiian

Asian Indian

Other Asian

Black or African American

Other Pacific Islander

Chinese

Samoan

Filipino

Vietnamese

Guamanian or Chamorro

White

Japanese

Other

Korean

SAVE & CONTINUE

- Answer the questions on physical disability
- Click “**SAVE & CONTINUE**”

Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
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 - Donald Smith
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More about this household

Do any of these people below have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? *optional*

If a person needs help only because they're too young to do these things for themselves, don't select their name.

[Learn more about how to answer this question](#)

Donald Smith

None of these people

Do any of these people need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a nursing home, or other medical facility? *optional*

Donald Smith

None of these people

Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days? Or, were any of them found not eligible for Medicaid or CHIP due to their immigration status since October 1, 2013?

Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace.

[Learn more about how to answer this question](#)

Donald Smith

None of these people

SAVE & CONTINUE

- Select the appropriate answer for American Indian or Alaska Native
- Click **“SAVE & CONTINUE”**

Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
 - Donald Smith
 - 2 More about this household**
 - 3 Summary
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Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days? Or, were any of them found not eligible for Medicaid or CHIP due to their immigration status since October 1, 2013?

Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace.

[Learn more about how to answer this question](#)

Donald Smith

None of these people

EDIT

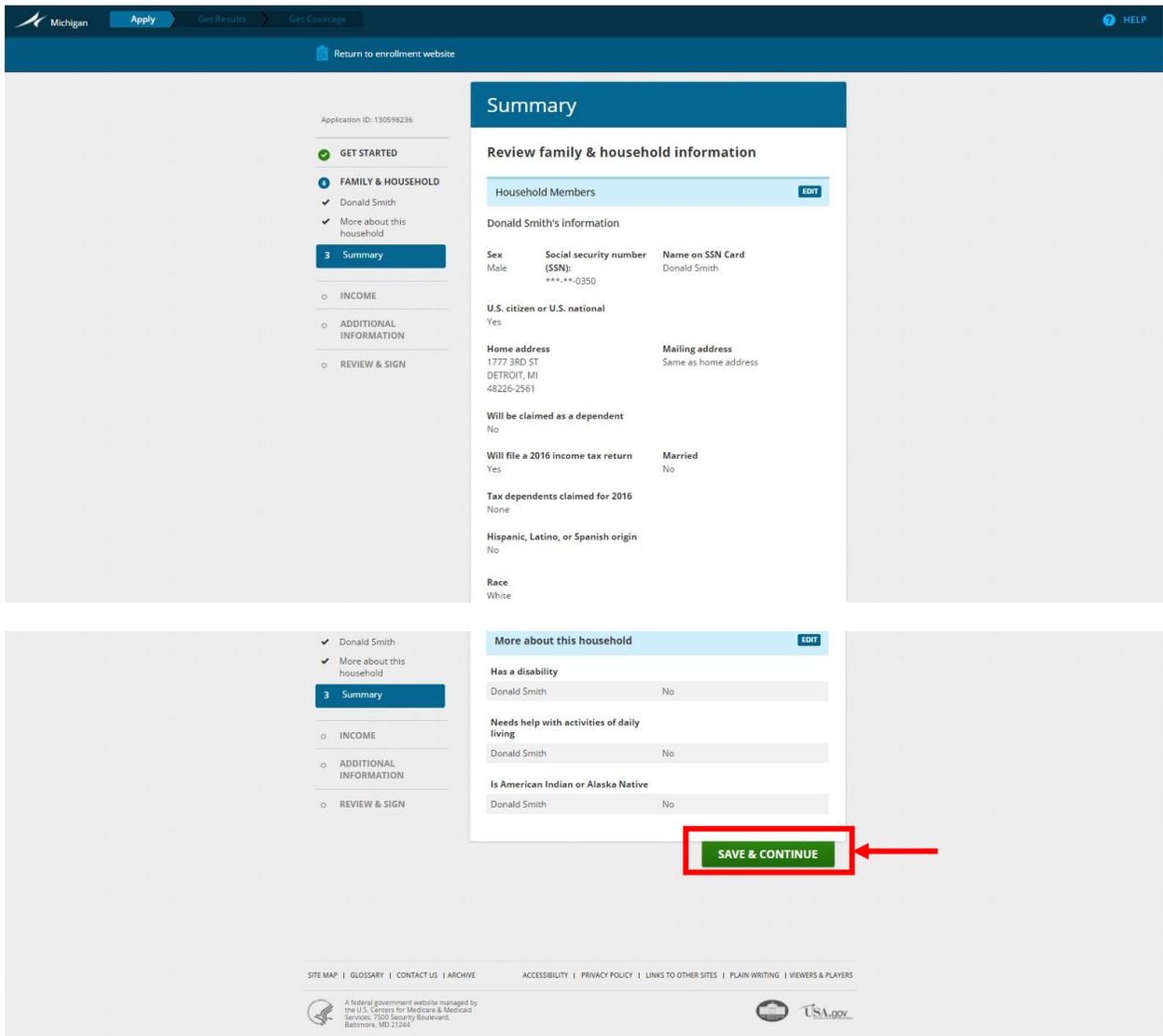
Are any of these people American Indian or Alaska Native?

Donald Smith

None of these people

SAVE & CONTINUE

- Review the Summary of the information
- Click “SAVE & CONTINUE”



Michigan Apply Get Results Get Coverage HELP

Return to enrollment website

Application ID: 130598236

GET STARTED

FAMILY & HOUSEHOLD

- ✓ Donald Smith
- ✓ More about this household

3 Summary

- INCOME
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Summary

Review family & household information

Household Members [EDIT](#)

Donald Smith's information

Sex	Social security number (SSN):	Name on SSN Card
Male	***-**-0350	Donald Smith

U.S. citizen or U.S. national
Yes

Home address	Mailing address
1777 3RD ST DETROIT, MI 48226-2561	Same as home address

Will be claimed as a dependent
No

Will file a 2016 income tax return	Married
Yes	No

Tax dependents claimed for 2016
None

Hispanic, Latino, or Spanish origin
No

Race
White

More about this household

[EDIT](#)

Has a disability	
Donald Smith	No

Needs help with activities of daily living	
Donald Smith	No

Is American Indian or Alaska Native	
Donald Smith	No

[SAVE & CONTINUE](#)

SITE MAP | GLOSSARY | CONTACT US | ARCHIVE ACCESSIBILITY | PRIVACY POLICY | LINKS TO OTHER SITES | PLAIN WRITING | VIEWERS & PLAYERS

A federal government website managed by the U.S. Centers for Medicare & Medicaid Services, 7000 Security Boulevard, Baltimore, MD 21244



In the following screens you would need to enter the income information

- Click “NEXT”

HealthCare.gov Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
- INCOME**
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Income

We ask for current information for everyone in your family and household to make sure you get the most benefits possible.

All fields are required unless they're marked optional.

You may need:

- W-2 stubs
- W-2 forms
- Information about income

NEXT

- Review the Employer info
- Check the box to confirm the information is correct
- Click **“SAVE & CONTINUE”**

Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
- INCOME**
 - 1 Donald Smith**
 - 2 Summary
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W-2 forms
Information about income

BACK TO INCOME

Donald Smith's income information

Review our records of Donald Smith's income, and edit if necessary.

Income source	Amount	How often?	Hours per week	Actions
Job ABC Corp.	\$2,261.88	Monthly		EDIT REMOVE

This information is correct.

SAVE & CONTINUE

- If you need to add additional income click **“Add Income for Applicant Name”**
- Click **“SAVE & CONTINUE”**

Michigan **Apply** Get Results Get Coverage HELP

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
- INCOME
 - 1 Donald Smith**
 - 2 Summary
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Job: ABC Corp. \$2,261.88 Monthly EDIT REMOVE

This information is correct. EDIT

Does Donald Smith have any of the following income?

[Learn more about Income](#)

Job	Retirement	Rental or royalty income
Self-employment	Pension	Farming or fishing income
Social Security benefits	Capital gains	Alimony received
Unemployment	Investment income	Other income

Job: ABC Corp. \$2,261.88 Monthly EDIT REMOVE

+ ADD INCOME FOR DONALD SMITH

SAVE & CONTINUE

- Answer **“Yes/No”** to the deductions question
- Click **“SAVE & CONTINUE”**

Michigan **Apply** Get Results Get Coverage HELP

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
- INCOME
 - 1 Donald Smith**
 - 2 Summary
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Job: ABC Corp. \$2,261.88 Monthly EDIT REMOVE

+ ADD INCOME FOR DONALD SMITH EDIT

Does Donald Smith pay for any of these deductions?

[Learn more about deductions](#)

Alimony Student loan interest Other

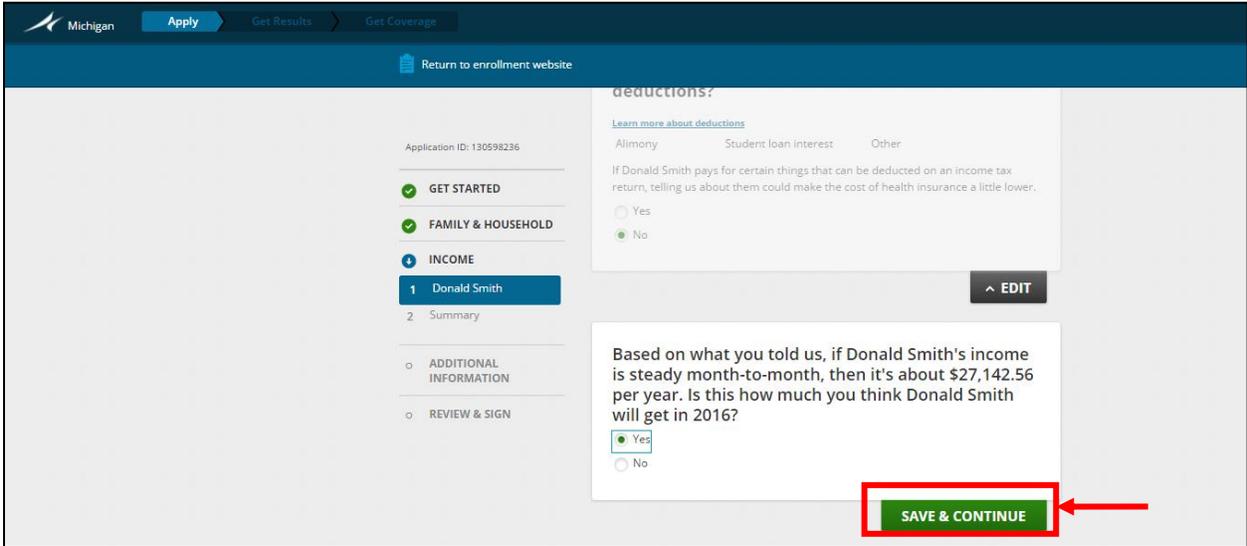
If Donald Smith pays for certain things that can be deducted on an income tax return, telling us about them could make the cost of health insurance a little lower.

Yes

No

SAVE & CONTINUE

- Answer “Yes/No” to the estimated income for the application in 2016
- Click “SAVE & CONTINUE”



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- INCOME
 - 1 Donald Smith
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deductions?

[Learn more about deductions](#)

Alimony Student loan interest Other

If Donald Smith pays for certain things that can be deducted on an income tax return, telling us about them could make the cost of health insurance a little lower.

Yes

No

EDIT

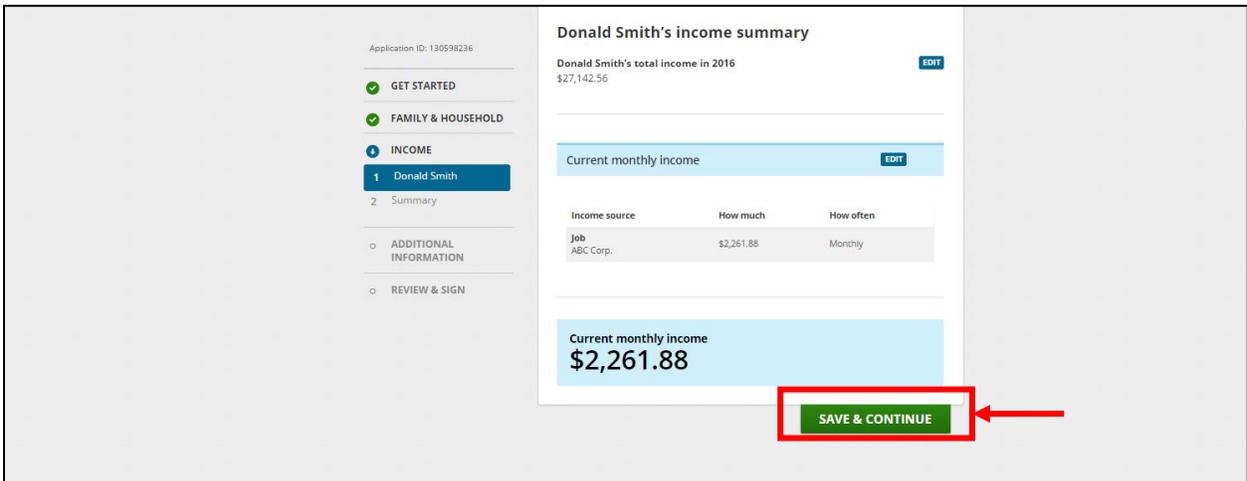
Based on what you told us, if Donald Smith's income is steady month-to-month, then it's about \$27,142.56 per year. Is this how much you think Donald Smith will get in 2016?

Yes

No

SAVE & CONTINUE

- Review the income information
- Click “SAVE & CONTINUE”



Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- INCOME
 - 1 Donald Smith
 - 2 Summary
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Donald Smith's income summary

Donald Smith's total income in 2016
\$27,142.56 **EDIT**

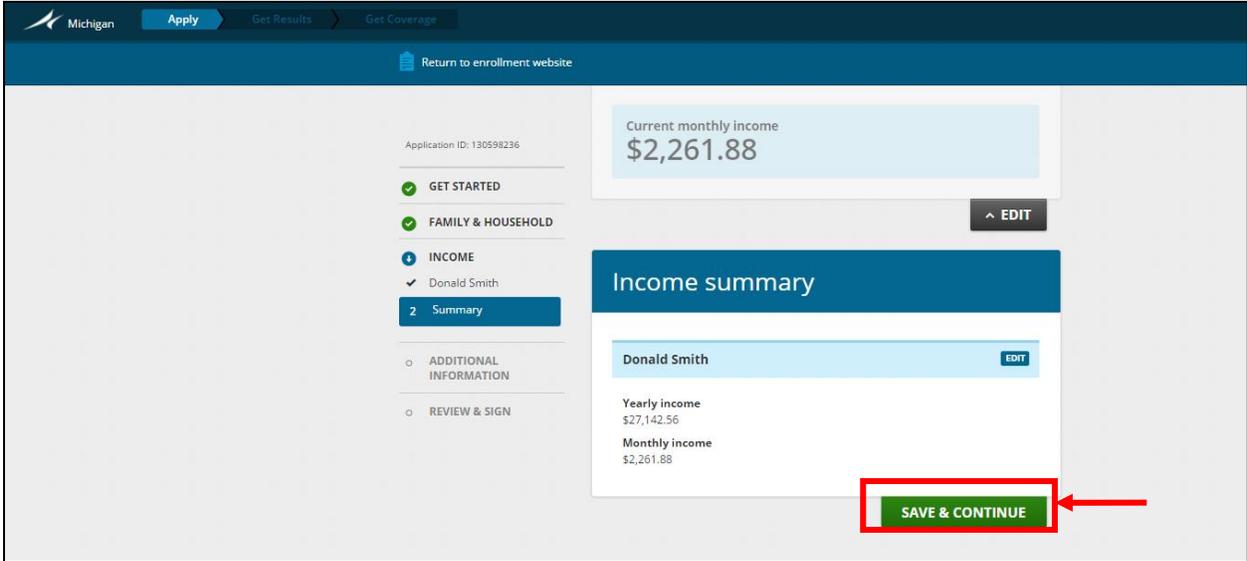
Current monthly income **EDIT**

Income source	How much	How often
Job ABC Corp.	\$2,261.88	Monthly

Current monthly income
\$2,261.88

SAVE & CONTINUE

- Review the income summary
- Click “SAVE & CONTINUE”



Michigan Apply Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- 4 INCOME
 - ✓ Donald Smith
 - 2 Summary
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Current monthly income
\$2,261.88 EDIT

Income summary

Donald Smith EDIT

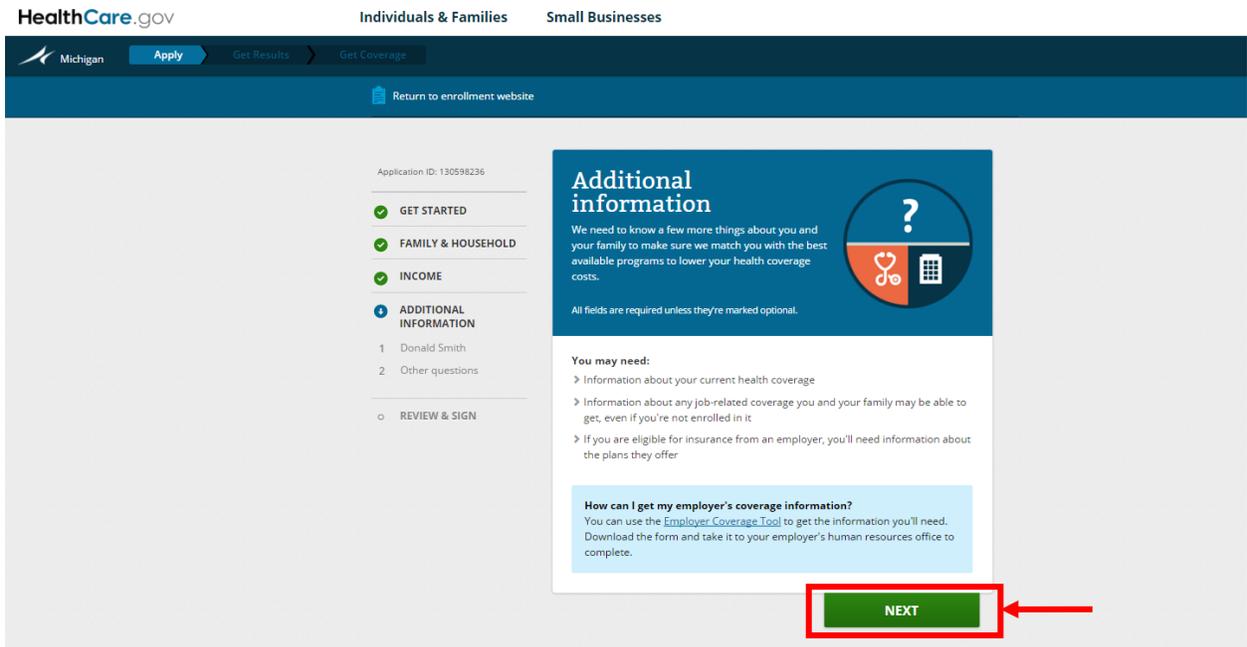
Yearly income
\$27,142.56

Monthly income
\$2,261.88

SAVE & CONTINUE

In the following screens you would need to enter additional information about the applicant and his/her family

- Click “NEXT”



HealthCare.gov Individuals & Families Small Businesses

Michigan Apply Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- 4 ADDITIONAL INFORMATION
 - 1 Donald Smith
 - 2 Other questions
- REVIEW & SIGN

Additional information

We need to know a few more things about you and your family to make sure we match you with the best available programs to lower your health coverage costs.

All fields are required unless they're marked optional.

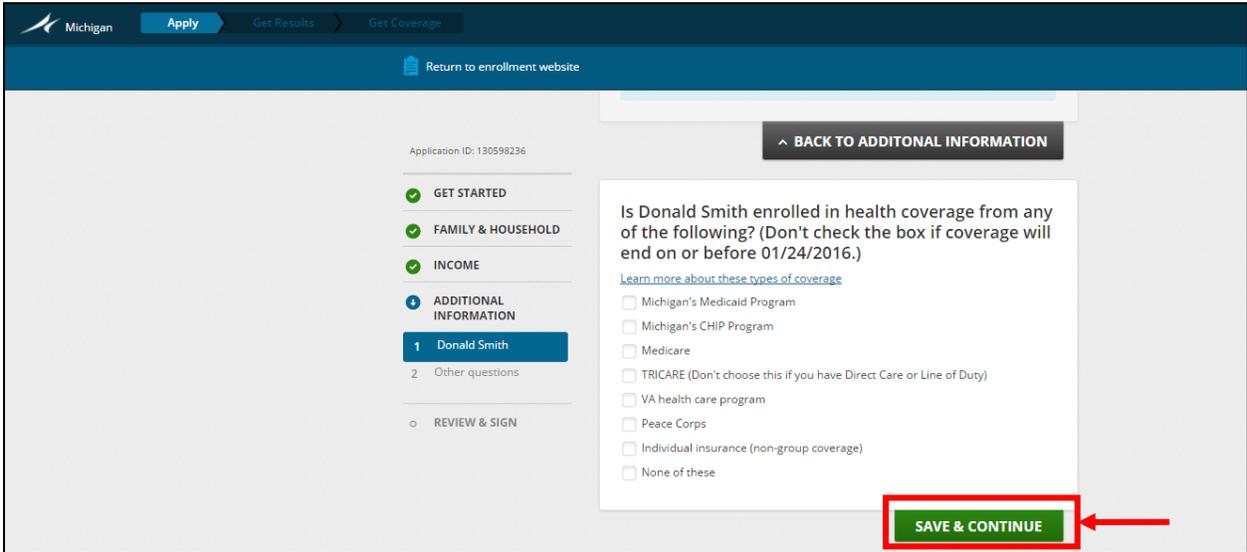
You may need:

- > Information about your current health coverage
- > Information about any job-related coverage you and your family may be able to get, even if you're not enrolled in it
- > If you are eligible for insurance from an employer, you'll need information about the plans they offer

How can I get my employer's coverage information?
You can use the [Employer Coverage Tool](#) to get the information you'll need. Download the form and take it to your employer's human resources office to complete.

NEXT

- Select an option for health coverage; if the applicant does not have any additional coverage then select “None of these”
- Click **“SAVE & CONTINUE”**



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

GET STARTED
 FAMILY & HOUSEHOLD
 INCOME
 ADDITIONAL INFORMATION
 1 Donald Smith
 2 Other questions
 REVIEW & SIGN

BACK TO ADDITIONAL INFORMATION

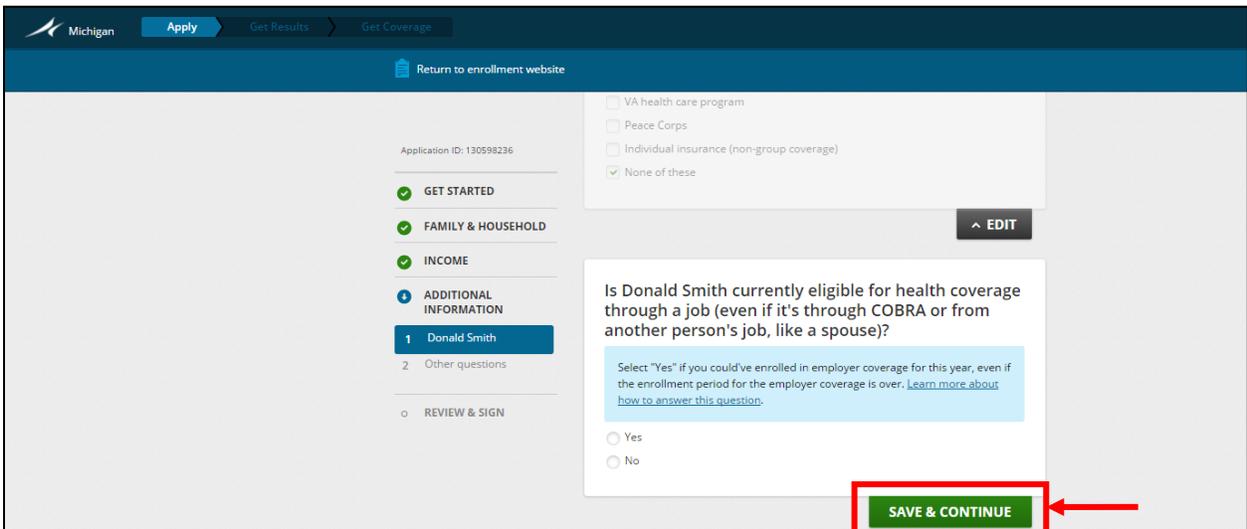
Is Donald Smith enrolled in health coverage from any of the following? (Don't check the box if coverage will end on or before 01/24/2016.)

[Learn more about these types of coverage](#)

Michigan's Medicaid Program
 Michigan's CHIP Program
 Medicare
 TRICARE (Don't choose this if you have Direct Care or Line of Duty)
 VA health care program
 Peace Corps
 Individual insurance (non-group coverage)
 None of these

SAVE & CONTINUE

- Answer **“Yes/No”** for COBRA question
- Click **“SAVE & CONTINUE”**



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

GET STARTED
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 1 Donald Smith
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 REVIEW & SIGN

VA health care program
 Peace Corps
 Individual insurance (non-group coverage)
 None of these

EDIT

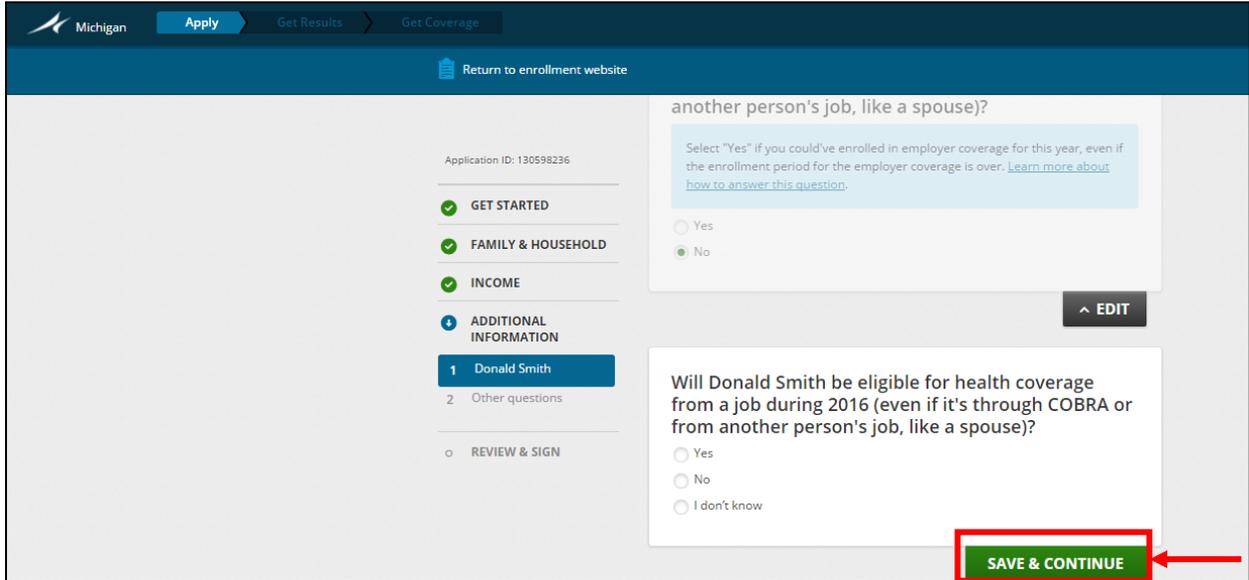
Is Donald Smith currently eligible for health coverage through a job (even if it's through COBRA or from another person's job, like a spouse)?

Select "Yes" if you could've enrolled in employer coverage for this year, even if the enrollment period for the employer coverage is over. [Learn more about how to answer this question.](#)

Yes
 No

SAVE & CONTINUE

- Select an option for health coverage from job during 2016
- Click **“SAVE & CONTINUE”**



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- 1 **ADDITIONAL INFORMATION**
- 1 Donald Smith
- 2 Other questions
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another person's job, like a spouse)?

Select "Yes" if you could've enrolled in employer coverage for this year, even if the enrollment period for the employer coverage is over. [Learn more about how to answer this question.](#)

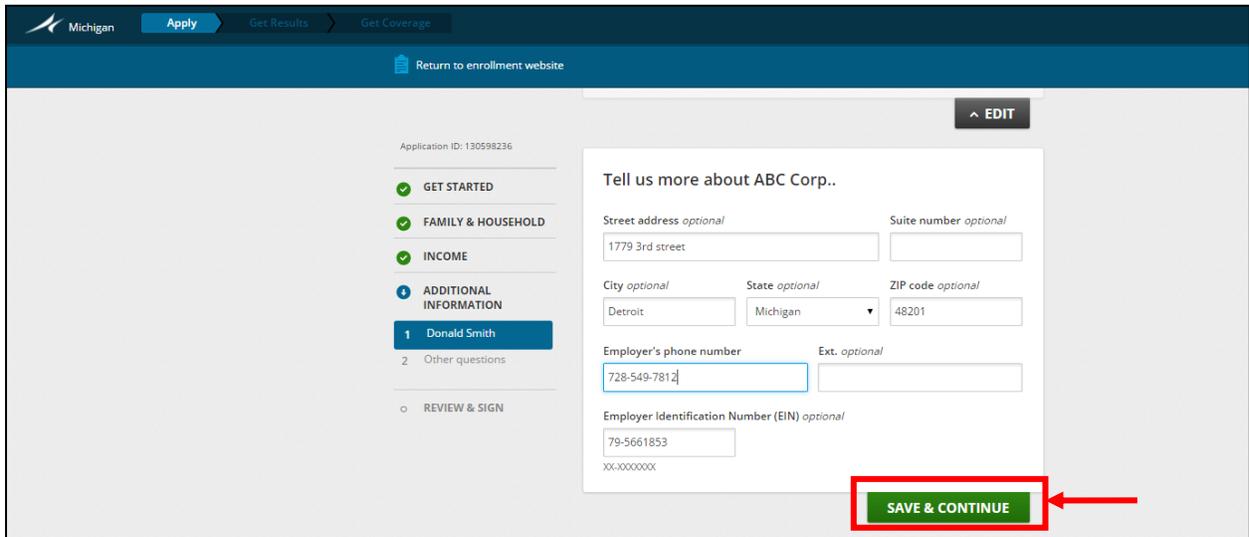
Yes
 No

Will Donald Smith be eligible for health coverage from a job during 2016 (even if it's through COBRA or from another person's job, like a spouse)?

Yes
 No
 I don't know

SAVE & CONTINUE

- Enter information about the Employer
- Click **“SAVE & CONTINUE”**



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- 1 **ADDITIONAL INFORMATION**
- 1 Donald Smith
- 2 Other questions
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Tell us more about ABC Corp..

Street address *optional* Suite number *optional*
1779 3rd street

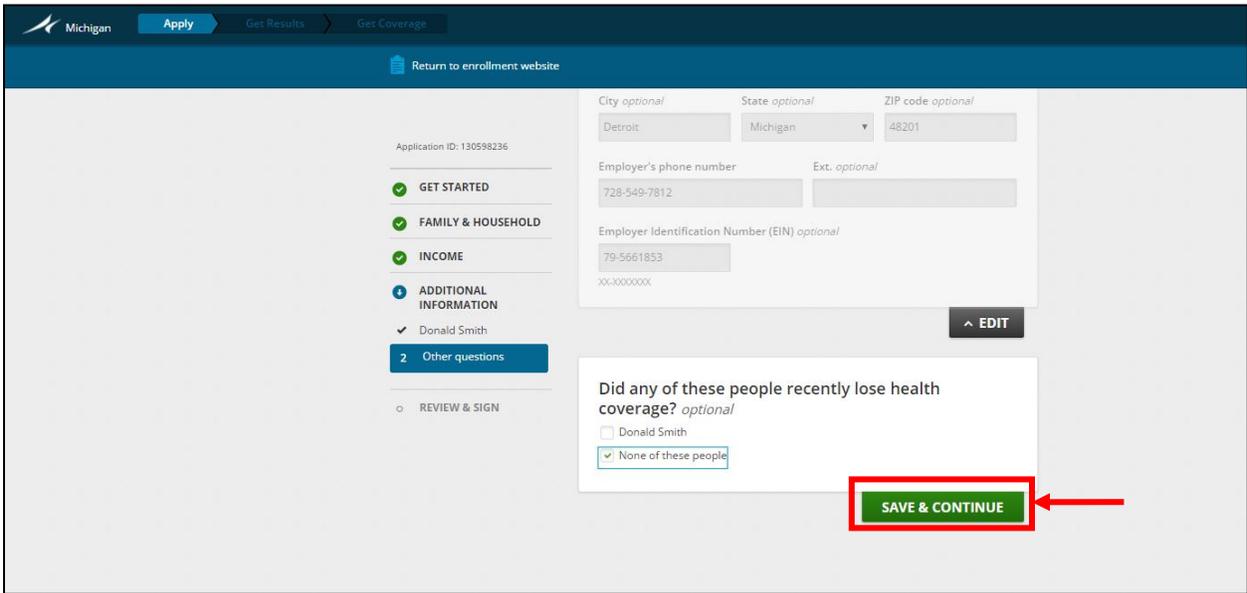
City *optional* State *optional* ZIP code *optional*
Detroit Michigan 48201

Employer's phone number Ext. *optional*
728-549-7812

Employer Identification Number (EIN) *optional*
79-5661853
XX-XXXXXX

SAVE & CONTINUE

- Select the appropriate option for recently lost health coverage (*this is an optional question*)
- Click **“SAVE & CONTINUE”**



Michigan Apply Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- 2 ADDITIONAL INFORMATION
 - ✓ Donald Smith
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City optional Detroit State optional Michigan ZIP code optional 48201

Employer's phone number 728-549-7812 Ext. optional

Employer Identification Number (EIN) optional 79-5661853 XX-XXXXXX

EDIT

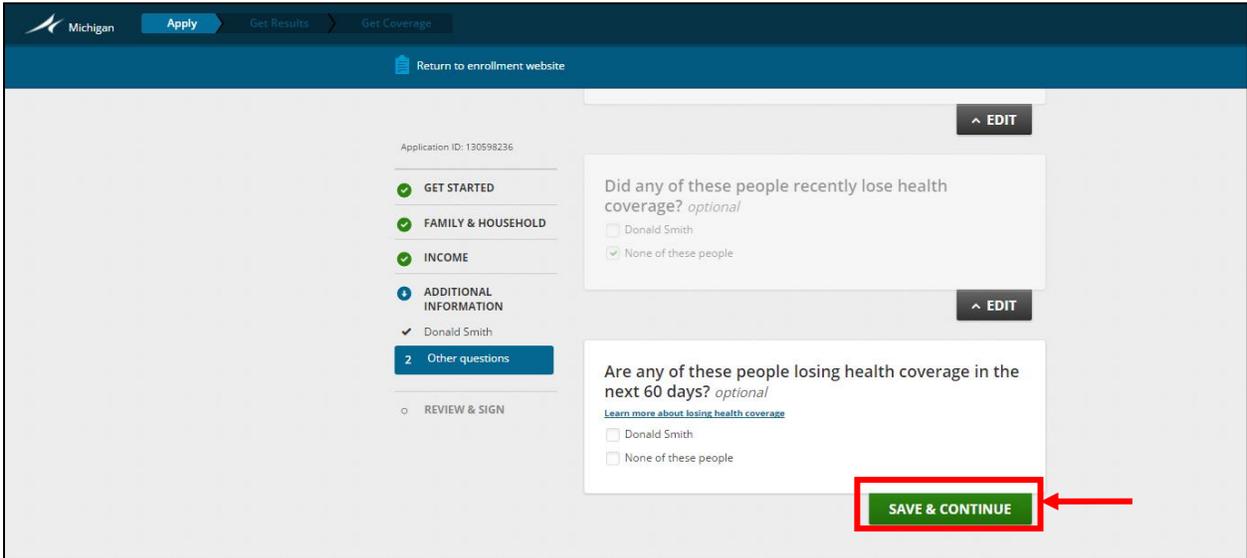
Did any of these people recently lose health coverage? optional

Donald Smith

None of these people

SAVE & CONTINUE

- Select the appropriate option for people losing coverage in next 60 days (*this is an optional question*)
- Click **“SAVE & CONTINUE”**



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

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- GET STARTED
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Did any of these people recently lose health coverage? *optional*

Donald Smith

None of these people

Are any of these people losing health coverage in the next 60 days? *optional*

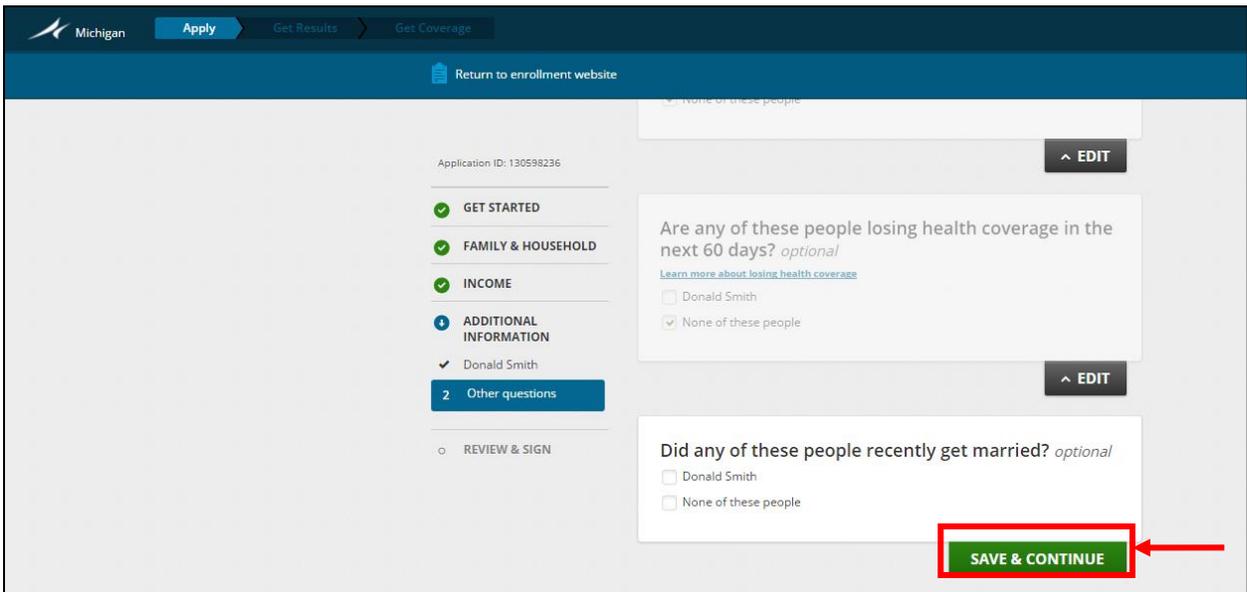
[Learn more about losing health coverage](#)

Donald Smith

None of these people

SAVE & CONTINUE

- Answer recently married question (*this is an optional question*)
- Click **“SAVE & CONTINUE”**



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

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- 2 Other questions**
- REVIEW & SIGN

Are any of these people losing health coverage in the next 60 days? *optional*

[Learn more about losing health coverage](#)

Donald Smith

None of these people

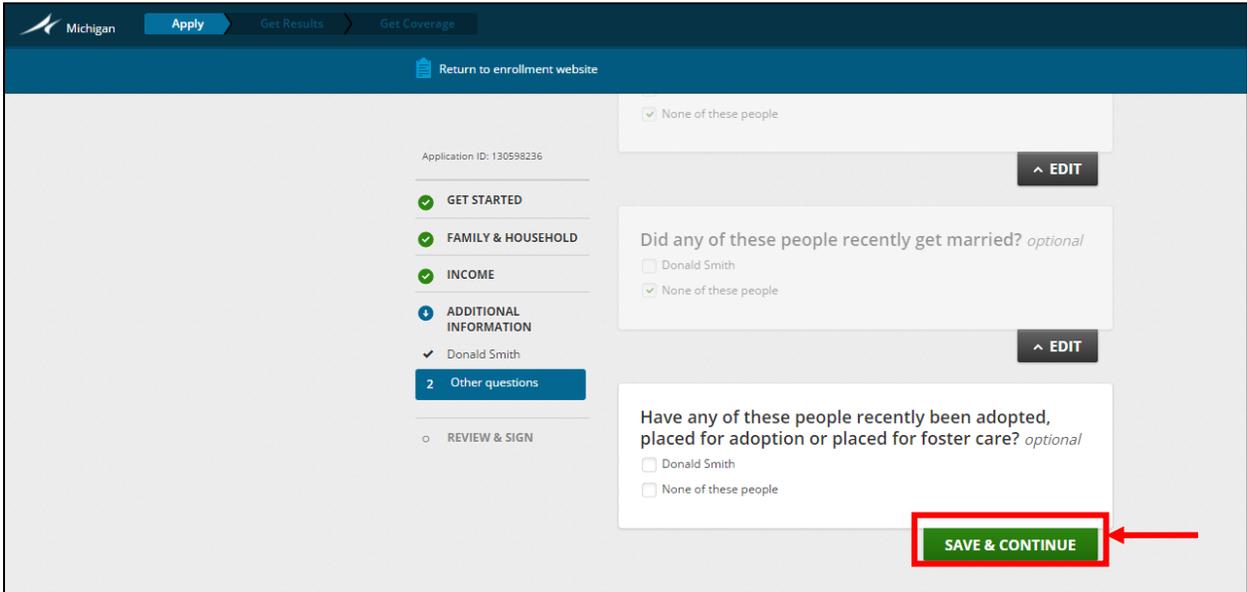
Did any of these people recently get married? *optional*

Donald Smith

None of these people

SAVE & CONTINUE

- Answer recently adopted question (*this is an optional question*)
- Click **“SAVE & CONTINUE”**



Michigan Apply Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
- INCOME
- ADDITIONAL INFORMATION
- Donald Smith
- 2 Other questions**
- REVIEW & SIGN

None of these people

EDIT

Did any of these people recently get married? *optional*

Donald Smith

None of these people

EDIT

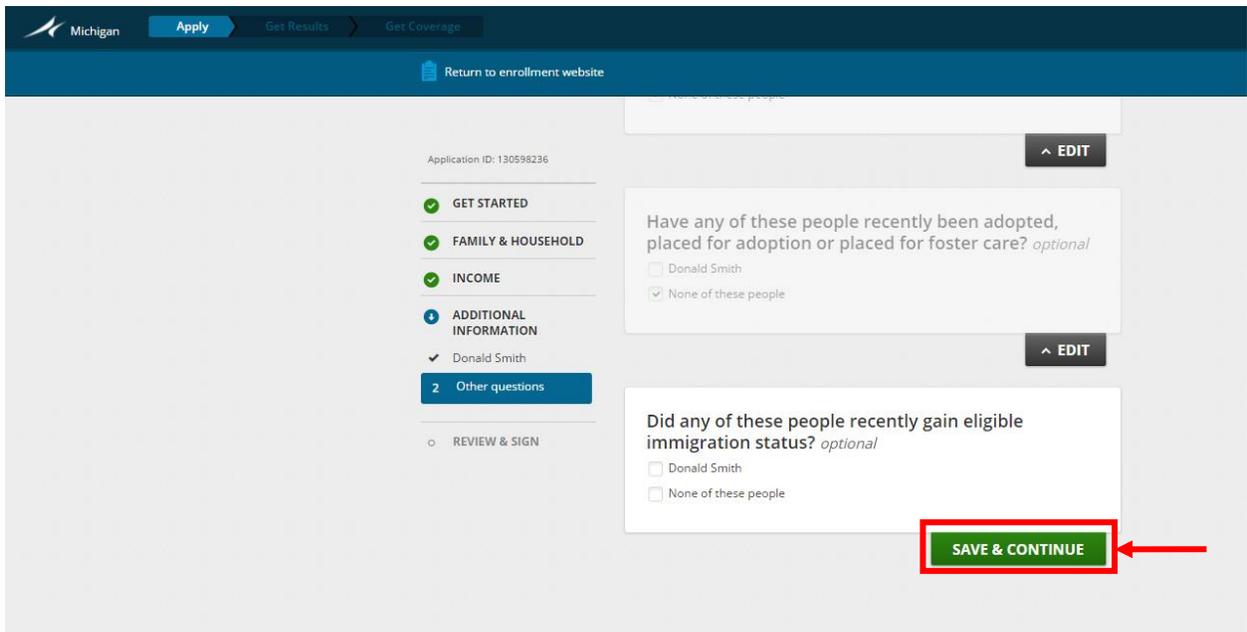
Have any of these people recently been adopted, placed for adoption or placed for foster care? *optional*

Donald Smith

None of these people

SAVE & CONTINUE

- Answer “recently gain eligible immigration status” question (*this is an optional question*)
- Click “**SAVE & CONTINUE**”



Michigan Apply Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- GET STARTED
- FAMILY & HOUSEHOLD
- INCOME
- ADDITIONAL INFORMATION
- Donald Smith
- 2 Other questions**
- REVIEW & SIGN

None of these people

EDIT

Have any of these people recently been adopted, placed for adoption or placed for foster care? *optional*

Donald Smith

None of these people

EDIT

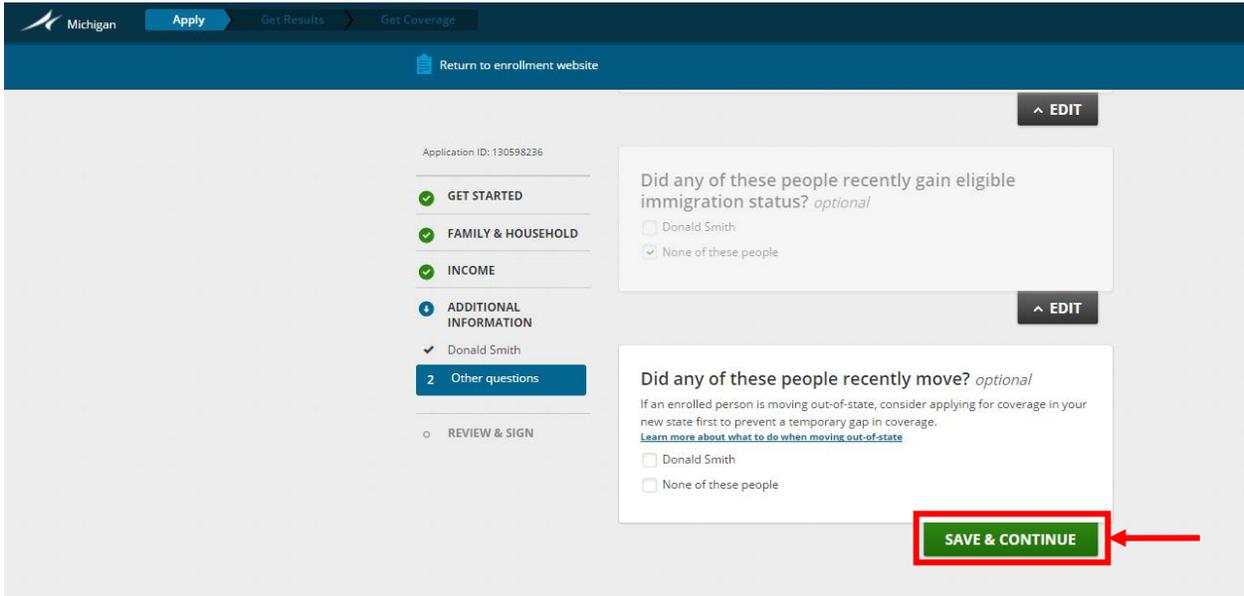
Did any of these people recently gain eligible immigration status? *optional*

Donald Smith

None of these people

SAVE & CONTINUE

- Answer “recently moved” question (*this is an optional question*)
- Click “SAVE & CONTINUE”



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- ➕ ADDITIONAL INFORMATION
 - ✓ Donald Smith
 - 2 Other questions**
- REVIEW & SIGN

Did any of these people recently gain eligible immigration status? *optional*

Donald Smith

None of these people

Did any of these people recently move? *optional*

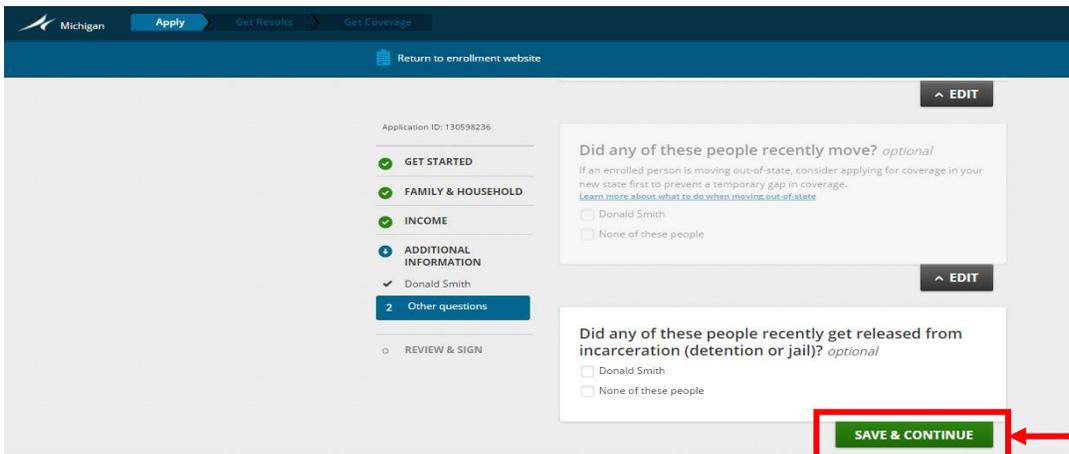
If an enrolled person is moving out-of-state, consider applying for coverage in your new state first to prevent a temporary gap in coverage. [Learn more about what to do when moving out-of-state](#)

Donald Smith

None of these people

SAVE & CONTINUE

- Answer if any of the applicants recently got released from incarceration (detention or jail), (*this is an optional question*)
- Click “SAVE & CONTINUE”



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- ➕ ADDITIONAL INFORMATION
 - ✓ Donald Smith
 - 2 Other questions**
- REVIEW & SIGN

Did any of these people recently move? *optional*

If an enrolled person is moving out-of-state, consider applying for coverage in your new state first to prevent a temporary gap in coverage. [Learn more about what to do when moving out-of-state](#)

Donald Smith

None of these people

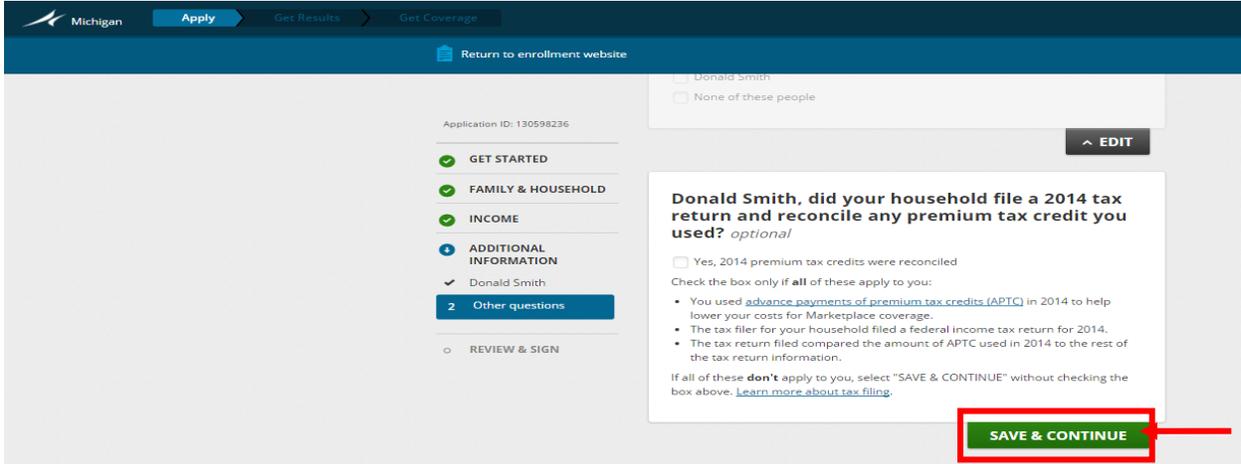
Did any of these people recently get released from incarceration (detention or jail)? *optional*

Donald Smith

None of these people

SAVE & CONTINUE

- Answer 2014 tax filing question (*this is an optional question*)
- Click **“SAVE & CONTINUE”**



Michigan **Apply** Get Results Get Coverage

Return to enrollment website

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- ✓ GET STARTED
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- ✓ INCOME
- 4 ADDITIONAL INFORMATION
- ✓ Donald Smith
- 2 Other questions**
- REVIEW & SIGN

Donald Smith
 None of these people

EDIT

Donald Smith, did your household file a 2014 tax return and reconcile any premium tax credit you used? optional

Yes, 2014 premium tax credits were reconciled

Check the box only if **all** of these apply to you:

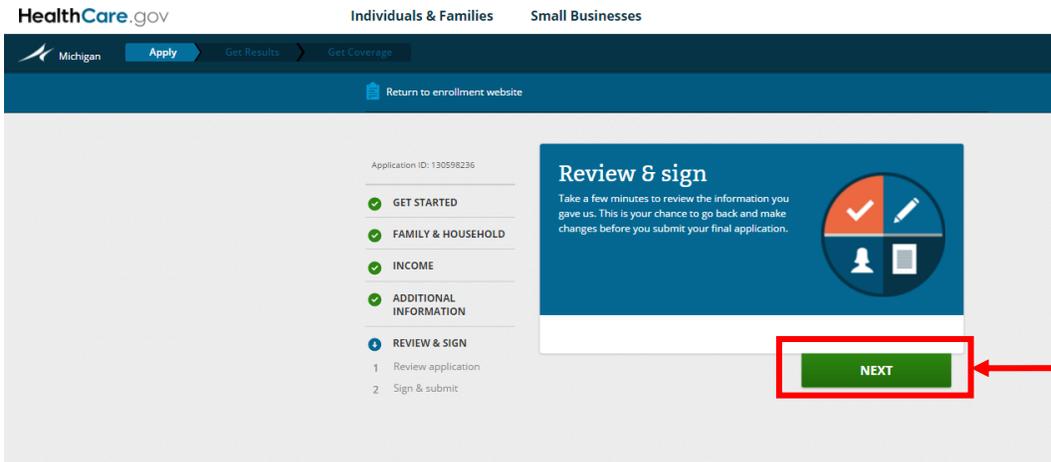
- You used advance payments of premium tax credits (APTC) in 2014 to help lower your costs for Marketplace coverage.
- The tax filer for your household filed a federal income tax return for 2014.
- The tax return filed compared the amount of APTC used in 2014 to the rest of the tax return information.

If all of these **don't** apply to you, select "SAVE & CONTINUE" without checking the box above. [Learn more about tax filing.](#)

SAVE & CONTINUE

In the following screen you will review your application and digitally sign it

- Click **“NEXT”**



HealthCare.gov Individuals & Families Small Businesses

Michigan **Apply** Get Results Get Coverage

Return to enrollment website

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- ✓ ADDITIONAL INFORMATION
- 4 REVIEW & SIGN**
- 1 Review application
- 2 Sign & submit

Review & sign

Take a few minutes to review the information you gave us. This is your chance to go back and make changes before you submit your final application.

NEXT

- Review the application
- Click **“SAVE & CONTINUE”**

Michigan **Apply** [Return to enrollment website](#) [HELP](#)

Application ID: 130098236

- GET STARTED
- FAMILY & HOUSEHOLD
- INCOME
- ADDITIONAL INFORMATION
- REVIEW & SIGN
 - Review application
 - Sign & submit

Household Members

Donald Smith's information [EDIT](#)

Sex	Social security number (SSN)	Name on SSN Card
Male	***-**-0350	Donald Smith
U.S. citizen or U.S. national		
Yes		
Home address	Mailing address	
1777 3RD ST DETROIT, MI 48226-2561	Same as home address	
Will be claimed as a dependent		
No		
Will file a 2016 income tax return	Married	
Yes	No	
Tax dependents claimed for 2016		
None		
Hispanic, Latino, or Spanish origin		
No		
Race		
White		

More about this household

[EDIT](#)

Has a disability	
Donald Smith	No

Application ID: 130098236

- GET STARTED
- FAMILY & HOUSEHOLD
- INCOME
- ADDITIONAL INFORMATION
- REVIEW & SIGN
 - Review application
 - Sign & submit

Needs help with activities of daily living	
Donald Smith	No
Is American Indian or Alaska Native	
Donald Smith	No

Income

Donald Smith [EDIT](#)

Expected yearly income in 2016
\$27,142.56

Income source	How much	How often
Job: ABC Corp.	\$2,261.88	Monthly

Monthly income
\$2,261.88

Application ID: 13008236

GET STARTED

FAMILY & HOUSEHOLD

INCOME

ADDITIONAL INFORMATION

REVIEW & SIGN

1 Review application

2 Sign & submit

STEP 1: ADDITIONAL INFORMATION

REVIEW & SIGN

1 Review application

2 Sign & submit

Additional information

Donald Smith's insurance

Currently offered health coverage from a job
No

Offered health coverage from a job in 2016
No

Special enrollment

Recently lost health coverage

Donald Smith No

Will lose health coverage in the next 60 days

Donald Smith No

Married recently

Donald Smith No

Recently adopted, placed for adoption, or placed for foster care

Donald Smith No

Recently gained eligible immigration status

Donald Smith No

Recently moved

Donald Smith No

Recently released from incarceration (jail or prison)

Donald Smith No

SAVE & CONTINUE

- Review the statements and select **“Agree or Disagree”**
- Click **“SAVE & CONTINUE”**

Michigan **Apply** Get Results Get Coverage

[Return to enrollment website](#)

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- ✓ ADDITIONAL INFORMATION
- 1 REVIEW & SIGN
 - ✓ Review application
 - 2 **Sign & submit**

Read these statements, and select whether you agree or disagree.

[Learn more about these statements](#)

No one applying for health coverage on this application is incarcerated (detained or jailed).

Agree
 Disagree

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

Agree
 Disagree

I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling 1-800-318-2596. TTY users should call 1-855-889-4325. I understand that a change in my information could affect my eligibility for member(s) of my household.

Agree
 Disagree

SAVE & CONTINUE

- Review the statements and select **“Agree or Disagree”**
- Enter the applicant’s name in the electronic signature box
- Click **“SUBMIT APPLICATION”**

Michigan **Apply** Get Results Get Coverage

[Return to enrollment website](#)

Application ID: 130598236

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- ✓ ADDITIONAL INFORMATION
- 1 REVIEW & SIGN
 - ✓ Review application
 - 2 **Sign & submit**

Sign & submit

Read this statement, and check whether you agree or disagree.

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

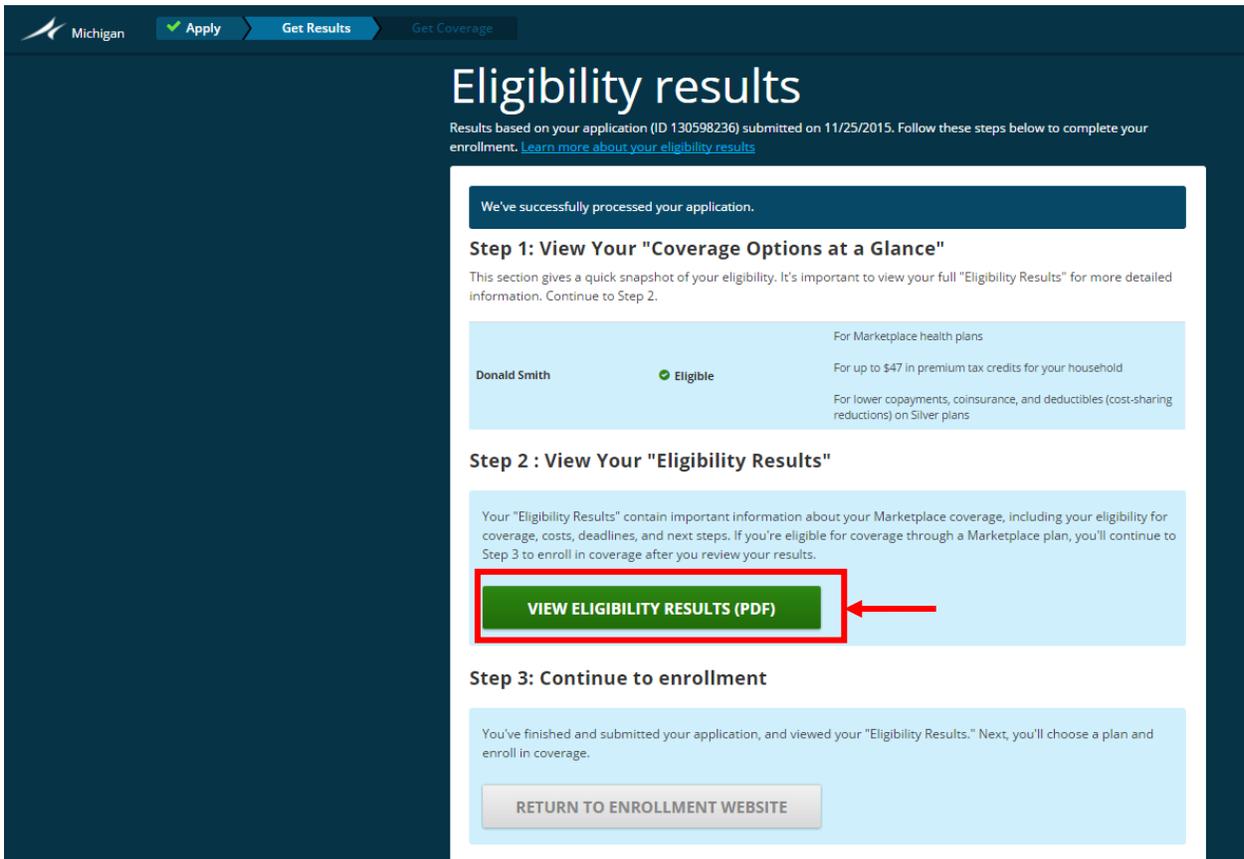
Agree
 Disagree

Donald Smith's electronic signature

Enter your name in the box above

SUBMIT APPLICATION

- Eligibility results will be displayed
- Click **“VIEW ELIGIBILITY RESULTS (PDF)”**
- A PDF will open up in a separate window with the eligibility results about (18 pages or more)



Michigan Apply Get Results Get Coverage

Eligibility results

Results based on your application (ID 130598236) submitted on 11/25/2015. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

We've successfully processed your application.

Step 1: View Your "Coverage Options at a Glance"

This section gives a quick snapshot of your eligibility. It's important to view your full "Eligibility Results" for more detailed information. Continue to Step 2.

Donald Smith	Eligible	For Marketplace health plans
		For up to \$47 in premium tax credits for your household
		For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans

Step 2: View Your "Eligibility Results"

Your "Eligibility Results" contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines, and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to Step 3 to enroll in coverage after you review your results.

VIEW ELIGIBILITY RESULTS (PDF)

Step 3: Continue to enrollment

You've finished and submitted your application, and viewed your "Eligibility Results." Next, you'll choose a plan and enroll in coverage.

RETURN TO ENROLLMENT WEBSITE

The PDF will look like this



Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Donald Smith
1777 3RD ST
DETROIT, MI 48226-2561

Nov 25, 2015

Application Date: November 25, 2015

Please note: You will not be able to click on “Return to Enrollment Website” unless you have viewed your eligibility

- Click **“RETURN TO ENROLLMENT”** Website to continue with the application
- You will now directed to the Marketplace
- Select the primary applicant
- Answer **“Yes/No”** to the Tobacco usage question
- Click **“Continue”**

One more thing...

Thanks for your patience. We just need a little more information to continue with your enrollment.

Who is the primary applicant for this insurance policy?

Norvax Tester ▾

Norvax Tester (01/01/1984)

Has Norvax used tobacco products 4 or more times per week in the past 6 months?

Yes No



◀ Back to Results

Continue ▶

- Check the box **“I have read and accept above disclaimer”**
- And digitally sign the application
- Click **“Accept and Sign”**

enrolled in coverage through this Marketplace and whose premium for coverage is paid in whole or in part by advance payments.

If any of the above changes, I understand that it may impact my ability to get a premium tax credit.

I also understand that when I file my 2016 federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to get an additional premium tax credit amount of income on my application. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

I have read and accept the above disclaimer

Signatures

Type your name as displayed below to authorize GoHealth to sign and submit this application to the federal marketplace on your behalf.

Norvax Tester

Norv

[← Back to last details](#)

[✓ Accept and Sign](#)

- You will be taken to the Enrollment Summary page
- In BrokerOffice, pull up the lead for which you submitted the application
- Click the **Plan Info** tab to see all information for the plan

HOME LEADS REPORTS SUPPORT RESOURCES

View Leads Add Leads In Progress SSE Import Leads Lead Status Actions

Lead Search

Search your leads below:

Keywords:

SEARCH

Advanced Search

Contact Info **Plan Info**

ADD APPLICATION INFO

Application Progress

Agent of record	No Agent ID (N/A)	
Carrier	Premier Health One	Create Time 8/3/2015 03:33 PM EDT
Plan ID	N/A	Last Updated 8/3/2015 03:39 PM EDT
Plan Name	Premier Health One Bronze 5500	
Plan Type	Medical	
Exchange Type		
# Applicants		
APTC	N/A	
Premium Submitted	227.12	
Deductible	\$5,500	
Copay	\$30	
Requested Effective Date		
Initial Payment Method	Last Completed Page	Applicant Information
Succeeding Payment Method	Percent Complete	100%
E-Sign date	08/03/2015	Payment Collected
Assisted App Status	Applicant Submitted	
FFM Transaction ID	N/A	
FFM Application ID	N/A	

Application Actions



Off-Exchange Enrollment:

Please Note: If you select an off-exchange major medical plan and ancillary plan(s) then you would need to complete only one application.

- To find non-tax credit eligible plans, click on “No” below the Tax Credit Eligible filter on the left side of the screen, or



- Pick a plan that does not have the Tax Credit Eligible icon
- Click “Continue”

Showing 10 of 82 plans starting at **\$207.29 a month** .
Quote results for **1 applicant** in TX. ([Edit](#))
Estimated monthly cost savings of **\$157.00** applied. ([Edit](#))

SORT PLANS BY **Premium** [Return to your selected plans](#)

Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Plan Details	YOUR MONTHLY PREMIUM
PPO	\$5,000	\$30	\$6,000	View	\$207.29
<input type="checkbox"/> Compare <input checked="" type="radio"/> Silver					Continue
PPO	\$5,000	N/A	\$6,600	View	\$209.90
<input type="checkbox"/> Compare <input checked="" type="radio"/> Bronze <input checked="" type="checkbox"/> HSA Eligible					Continue

- Review the selected plan info
- Click on “Change” link or Click “Back to Plans” button to go back to the plans page



- Click **“Begin Online Enrollment”** to begin the application

Continue Enrollment ● | Welcome, Harry ▼

Email Marketplace Link ✉

Call Us **(844) 843-3227**

TIM TURNER IS ASSISTING HARRY TRUMAN

Your Shopping Cart

3 Applicants / TX / [Edit Your Information](#)

Your Selected Plans

Plan	Plan Type	Applicants	Price
 Scott and White Scott and White Health Plan Silver 3000 Silver HMO View Full Details Effective Date: 01/01/2016	Health	<input checked="" type="checkbox"/> Harry Truman <input checked="" type="checkbox"/> Your Spouse <input type="checkbox"/> Dependent (10/15/2010)	\$1,530.90 / Month Change

Total Monthly Cost **\$1,530.90**

[◀ Back To Plans](#) [Begin Online Enrollment ▶](#)

- Complete all the required information and click **“Continue”** at the bottom of the page
 - *Note: Be sure to provide an accurate Social Security Number for the applicant.*



Your selected plan



Plan Name
PPO 5000

Monthly Premium
\$254.31

Coverage Start Date
01-03-2016

[Printable copy \(pdf\)](#)

[Save and quit application](#)



Applicant

Coverage

Other

Review

Confirmation

* = Required fields

Applicant Information Section

First Name: *

mr

Middle Name:

Last Name: *

testing

Suffix:

Social Security Number: *

- -

Date of Birth: *

11 - 18 - 1986

Age: *

29

Gender: *

Female Male

Contact Information Section

Residential Address: *

Apartment:

City: *

County: *

State: *

Zip: *

Home Phone Number: *

Mobile Phone Number:

Do you have a separate mailing address? *

- The Plan Coverage information will be displayed. You will also see a disclaimer regarding the Affordable Care Act's requirement for pediatric dental. The applicant can choose to add or decline dental coverage here.
- Once a pediatric dental coverage option is selected, click **"Continue"**

Applicant
Coverage
Other
Review
Confirmation

Your selected plan



Plan Name
PPO 5000

Monthly Premium
\$254.31

Coverage Start Date
01-03-2016

[Printable copy \(pdf\)](#)

[Save and quit application](#)

* = Required fields

Coverage Information Section

Plan Choice: * **Effective Date: *** - -

Monthly Premium: *

Dental

The Affordable Care Act (ACA) requires us to be reasonably assured that you and each member on this insurance plan have coverage for pediatric dental services

Applicant
Coverage
Other
Review
Confirmation

Your selected plan



Plan Name
PPO 5000

Monthly Premium
\$254.31

Coverage Start Date
01-03-2016

[Printable copy \(pdf\)](#)

[Save and quit application](#)

Dental

The Affordable Care Act (ACA) requires us to be reasonably assured that you and each member on this insurance plan have coverage for pediatric dental services that are essential health benefits. If electing our Dental coverage, all applicants will be covered with an individual premium rate per person.

To select dental or decline dental coverage please select below. For family applications, if you have more than 3 children, only the oldest 3 will be charged for dental premiums. This rule does not apply for child only purposes: *

- Add Dental to my coverage
- Decline Dental coverage

Back
Continue

- Provide a response regarding replacement coverage, then click **“Continue”**
- If the applicant is purchasing a policy that replaces an existing Scott & White health plan, the policy number for the previous plan is required

TIM TURNER IS ASSISTING MRTESTING@TEST123.COM

Applicant Coverage Other Review Confirmation

Your selected plan

SCOTT & WHITE HEALTH PLAN

Plan Name
PPO 5000

Monthly Premium
\$254.31

Coverage Start Date
01-03-2016

[Printable copy \(pdf\)](#)

[Save and quit application](#)

* = Required fields

Replacement Coverage Information

Will this insurance replace any current health insurance policy with Scott & White Health plan or Insurance Company of Scott & White? *

Yes No

[Back](#) [Continue](#)



- Complete “First Name” & “Last Name”
- Complete “Confirm First Name” & “Confirm Last Name”
- Complete “Signature”
 - *Note: The signature must match the first and last name.*
- Click “Continue”

Applicant
Coverage
Other
Review
Confirmation

Your selected plan



Plan Name
PPO 5000

Monthly Premium
\$254.31

Coverage Start Date
01-03-2016

[Printable copy \(pdf\)](#)

[Save and quit application](#)




* = Required fields

Terms

Important: If your initial payment by Credit/Debit Card is electronically declined, your policy will not be issued. If an ongoing ACH bank draft payment is electronically declined your policy will be terminated back to the first of the month in which the draft was declined. A new application will be required to obtain future coverage. ACH returns must be paid with certified funds (cashier's check or money order). Any amount not paid by your nancial institution will be assessed a \$30 fee.

Authorization Agreement for Payments
Scott & White Health Plan (SWHP) Individual & Family plans are ore-paid health

Upon review of my application, I will receive notificaton, by mail, of my coverage. The initial monthly premium payment must be paid in advance prior to the issuance of a policy and a notification will be sent which includes the premium amount and the deadline for remittance prior to the effective date of coverage. ICSW will not approve or deny my application on any basis which is prohibited by law. I hearby certify that to the best of my knowledge the answers given here are current, truthful and complete. A photographic copy of this authorization shall be valid as the original.

Applicant Signature

First Name:

Last Name:

Confirm First Name:

Confirm Last Name:

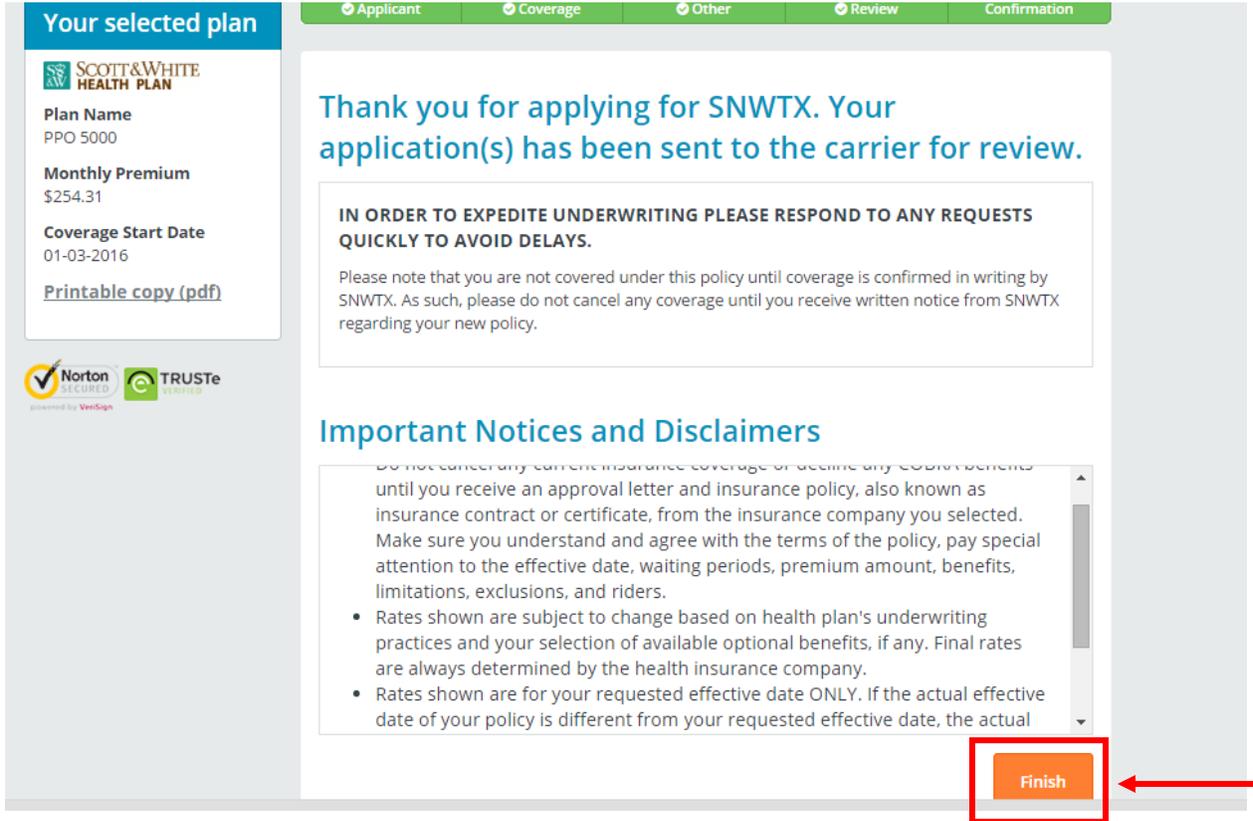
Signature: *

mr testing

Back

Continue

- Review the information and click “**Finish**”



Your selected plan

SCOTT & WHITE
HEALTH PLAN

Plan Name
PPO 5000

Monthly Premium
\$254.31

Coverage Start Date
01-03-2016

[Printable copy \(pdf\)](#)

Norton SECURED
powered by VeriSign

TRUSTe VERIFIED

Applicant Coverage Other Review Confirmation

Thank you for applying for SNWTX. Your application(s) has been sent to the carrier for review.

IN ORDER TO EXPEDITE UNDERWRITING PLEASE RESPOND TO ANY REQUESTS QUICKLY TO AVOID DELAYS.

Please note that you are not covered under this policy until coverage is confirmed in writing by SNWTX. As such, please do not cancel any coverage until you receive written notice from SNWTX regarding your new policy.

Important Notices and Disclaimers

Do not cancel any current insurance coverage or decline any COBRA benefits until you receive an approval letter and insurance policy, also known as insurance contract or certificate, from the insurance company you selected. Make sure you understand and agree with the terms of the policy, pay special attention to the effective date, waiting periods, premium amount, benefits, limitations, exclusions, and riders.

- Rates shown are subject to change based on health plan's underwriting practices and your selection of available optional benefits, if any. Final rates are always determined by the health insurance company.
- Rates shown are for your requested effective date ONLY. If the actual effective date of your policy is different from your requested effective date, the actual

Finish

- Enrollment summary will be displayed and the status of the application will update to “Enrolled”
- Click “View Details” link to see the full details of the plan and coverage

Enrollment Summary
1 Items

1 Applicant / Male / 28 / TX / [Edit Your Information](#)

Completed Enrollments

Plan	Plan Type	Enrollment Status
 Scott and White PPO 5000 PPO View Details	Health	<div style="border: 2px solid red; padding: 2px; display: inline-block;">Enrolled</div>

We will send your application to the insurance company. Once your application is processed, the insurance company will mail you your policy and your first payment reminder in about 5-15 business days. Make your first payment to activate your coverage. Your health insurance plan is not effective until you have made a payment to the insurance company. To check your application status, please contact the insurance company directly.

- In BrokerOffice, pull the Lead for which you just submitted the application
- Under the “Plan info” tab you can see the plan information

HOME LEADS REPORTS SUPPORT RESOURCES

View Leads Add Leads In Progress SSE Import Leads Lead Status Actions

Lead Search

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Plan Info

ADD APPLICATION INFO

Application Progress

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Exchange Type			
# Applicants			
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Premium Submitted	227.12		
Deductible	\$5,500		
Copay	\$30		
Requested Effective Date			
Initial Payment Method		Last Completed Page	Applicant Information
Succeeding Payment Method		Percent Complete	100%
E-Sign date	08/03/2015	Payment Collected	
Assisted App Status	Applicant Submitted		
FFM Transaction ID	N/A		
FFM Application ID	N/A		

Application Actions

