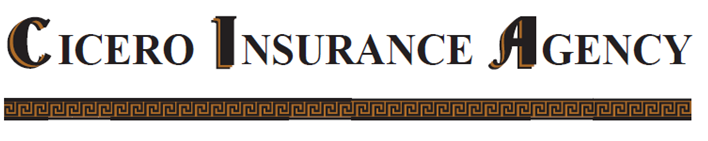
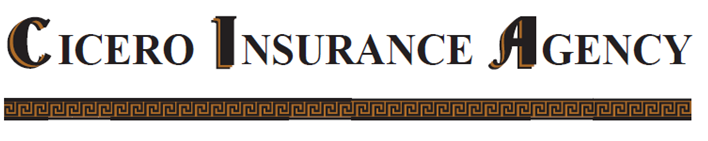
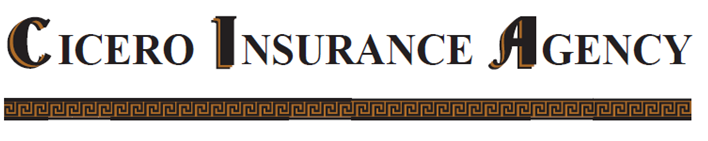
**7810 E. 236th St.**

**Cicero, IN. 46034**

***ACA Fact Finder***

**Ph: 317.606.8092**

**Fax: 317.606.8233**



**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Date of Birth** | **Tobacco Use (Y/N)** |
| **Applicant** |  |  |  |
| **Spouse** |  |  |  |
| **Dependent** |  |  |  |
| **Dependent** |  |  |  |
| **Dependent** |  |  |  |

Address: Zip:

County: Phone #:

Email:

Doctor Preference:

Hospital/Network Preference:

**Address**

**Subsidy Calculation**

Is Employer Coverage Available? Annual Household Income: $

Adults over 21: Children under 21:

Cicero Insurance Agency (CIA) is committed to protecting the confidentiality and security of information we collect with this worksheet. We use this information solely as is reasonably necessary to process your application for health insurance and/or premium subsidies, which may require CIA to communicate on your behalf with insurance companies and other health care providers. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about individuals or employers who apply for or actually receive our services that is considered patient confidential or is restricted by law. For more information on insurance marketplace privacy, please visit

https://www.healthcare.gov/individual-privacy-act-statement/

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Internal Use Only:** Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subsidy Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Prem.: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_