

Customer Name \_\_\_\_\_

Customer Email \_\_\_\_\_

Customer Phone Number \_\_\_\_\_

Customer Birthdate \_\_\_\_\_

Customer Zip Code \_\_\_\_\_

Customer County \_\_\_\_\_

Is the customer married? Y / N

Does the customer have children that are still dependents on their taxes? Y / N

Number of Household Members \_\_\_\_\_

Household Income (2026 future Estimated Annual GROSS income)  
\_\_\_\_\_

Tobacco Use? Y / N

What is the customer's current insurance coverage?  
\_\_\_\_\_

What is the end date for the customer's current coverage? \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_