2025 ACA On Exchange Application

PATTESON Insurance Agency

All information must be based on Tax Year 2025.

Include all Household members and information that will be claimed on your 2025 Taxes *even if not applying for coverage.*
(You should update unforeseen changes throughout the year.)

Discrepancies will affect Federal Tax Returns/Payments.

1. **How will you file 2025 Taxes?** ☐ SINGLE ☐ MARRIED: JOINTLY ☐ MARRIED: SEPARATE

2. **Do you plan to file a federal income tax return NEXT YEAR?** ☐ Yes ☐ No
   Will you claim any dependents? ☐ Yes, how many?____ ☐ No

How did you hear about us?
☐ Google/Website ☐ Facebook
☐ Individual _____
☐ Other _____

3. **PRIMARY APPLICANT** **APPLYING FOR COVERAGE?** ☐ YES ☐ NO

FIRST | M.I. | LAST (as shown on social sec card) | DATE OF BIRTH | GENDER

SOCIAL SECURITY # | EMPLOYER or Indicate Retired/Self-Employed/Unemployed | MARITAL STATUS

Does Employer offer insurance? ☐ Yes ☐ No
TOBACCO? ☐ Yes ☐ No
US CITIZEN? ☐ Yes ☐ No

4. **CONTACT INFORMATION**

PHYSICAL STREET ADDRESS

CITY | STATE | ZIP

COUNTY OF RESIDENCE

MAILING ADDRESS (if different from above)

EMAIL ADDRESS

PHONE | TYPE *(cell, home phone, work)*

PHONE | TYPE *(cell, home phone, work)*

PHONE | TYPE *(cell, home phone, work)*

5. **SPOUSE INFORMATION** **APPLYING FOR COVERAGE?** ☐ YES ☐ NO

FIRST | M.I. | LAST (as shown on social sec card) | DATE OF BIRTH | GENDER

SOCIAL SECURITY # | PHONE # | EMPLOYER or Indicate Retired/Self-Employed/Unemployed

Does Employer offer insurance? ☐ Yes ☐ No
TOBACCO? ☐ Yes ☐ No
US CITIZEN? ☐ Yes ☐ No

6. **DEPENDENT 1** **APPLYING FOR COVERAGE?** ☐ YES ☐ NO

FIRST | M.I. | LAST (as shown on social sec card) | DATE OF BIRTH | GENDER

SOCIAL SECURITY # | PHONE #

Does Employer offer insurance? ☐ Yes ☐ No
TOBACCO? ☐ Yes ☐ No
US CITIZEN? ☐ Yes ☐ No

6a. **DEPENDENT 2** **APPLYING FOR COVERAGE?** ☐ YES ☐ NO

FIRST | M.I. | LAST (as shown on social sec card) | DATE OF BIRTH | GENDER

SOCIAL SECURITY # | PHONE #

Does Employer offer insurance? ☐ Yes ☐ No
TOBACCO? ☐ Yes ☐ No
US CITIZEN? ☐ Yes ☐ No

6b. **DEPENDENT 3** **APPLYING FOR COVERAGE?** ☐ YES ☐ NO

FIRST | M.I. | LAST (as shown on social sec card) | DATE OF BIRTH | GENDER

SOCIAL SECURITY # | PHONE #

Does Employer offer insurance? ☐ Yes ☐ No
TOBACCO? ☐ Yes ☐ No
US CITIZEN? ☐ Yes ☐ No

6c. **DEPENDENT 4** **APPLYING FOR COVERAGE?** ☐ YES ☐ NO

FIRST | M.I. | LAST (as shown on social sec card) | DATE OF BIRTH | GENDER

SOCIAL SECURITY # | PHONE #

Does Employer offer insurance? ☐ Yes ☐ No
TOBACCO? ☐ Yes ☐ No
US CITIZEN? ☐ Yes ☐ No

7. **ADDITIONAL HOUSEHOLD INFORMATION**

Is anyone in the Household Pregnant or have Physical Disabilities/Limitations? _____

PLEASE CONTINUE TO PAGE 2

7. HOUSEHOLD INCOME

Estimated Modified Adjusted Gross Income - Include **ALL** members *even those not applying* for coverage.

Recipient Who receives this income?	**Income Source** Name of Employer, Soc Security, Retirement, Net Self-Emp, Rental, Unemployment, etc.	**Modified Adjusted Gross Income - Annual**

Total Modified Adjusted Gross Income: _____
Sum of all income listed above

7a. ADDITIONAL DEDUCTION INFORMATION

Does anyone in the Household pay Alimony? If so, how much? _____ When was the divorce final? _____

Student Loan Interest? *(interest only)* If so, how much and frequency? _____

To help you and your family find the best available coverage to fit your needs, please complete the following.
This will only be used for purposes of research. This will not be shared with any sources and will be closely monitored, in a secured environment.

Current Doctors/Facilities for all Household Members

_____ _____ _____
_____ _____ _____
_____ _____ _____

Current Medications for all Household Members Include Name as written on bottle, dosage, and type (capsule, tablet, injection, cream, etc)

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Preferred Pharmacy: _____

Your Agreement and Signature

- If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), the Marketplace could automatically end their Marketplace plan coverage; however, you must contact Patteson Insurance Agency if you find out you have other coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.
- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form 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.
- I know that I must tell the Health Insurance Marketplace within 30 days if anything changes (and is different than) what I wrote on this application. I can contact **Patteson Insurance Agency** to report any changes. I understand that a change in my information could affect my eligibility as well as eligibility for member(s) of my household.
- I know that information on this form will be used only to determine eligibility for health coverage, help paying for coverage (if requested), and for lawful purposes of the Marketplace and programs that help pay for coverage.

☐ **I acknowledge that I have read, understand, and agree to the above statements.**

Signed: _____ Date: _____

DEFINITIONS AND DETAILS

Modified Adjusted Gross Income (MAGI)
This is the income reported on the Federal Income Tax Returns for the application year for ALL Household members, whether applying for coverage or not. Include Wages, Salaries, Tips *(before taxes and deductions are withheld),* Net Income from Self-Employment, Unemployment Compensation, Social Security payments *(including Disability, but not Supplemental Security Income),* Rental Income, Retirement, Pension, and/or Investment Income.

DO NOT INCLUDE Child Support Income, Gifts, SSI, Veteran's Disability payments and Worker's Compensation.

Alimony Income/Deduction
For divorces/separations that were finalized on or after January 1, 2019, alimony should not be reported as income or as a deduction. For divorces/separations that were finalized before January 1, 2019, alimony should generally be reported as income or as a deduction.

Medicaid - *If a dependent is found that they may be eligible for Medicaid.*
To receive a tax subsidy, you will be required to apply for Medicaid. If a Medicaid denial letter is received, you may continue with the application by providing a copy of the Denial Letter from the Dept of Social Services. If you do not receive this denial until after Open Enrollment closes, you may qualify for a Special Enrollment.

TOBACCO includes any use within the past 6 months, at least 4 times per week.

Return to: PATTESON Insurance Agency

947 Broad Street ♦ PO Box 1046 ♦ Camden, SC 29021
Phone (803) 432-8044 ♦ Fax (803) 432-8011
Rose @PattesonInsurance.com Jessica@PattesonInsurance.com
Cynthia@PattesonInsurance.com

PATTESON
Insurance Agency

OMB Control Number: 0938-1438
Expiration Date: 06/30/2030

CMS Model Consent Form for Marketplace Agents and Brokers

I, _____ give my permission to Rose Patteson, Jessica Shoemake, Patteson Insurance Agency to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that the Agent will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by email rose@pattesoninsurance.com and/or jessica@pattesoninsurance.com .

Name of Primary Writing Agent: Rose Patteson Jessica Shoemake
Agent National Producer Number: 6429125 17482867
Phone Number: (803) 432-8044 (803) 432-8044
Email Address: rose@pattesoninsurance.com jessica@pattesoninsurance.com

Name of Agency *(if applicable)*: Patteson Insurance Agency
Agency National Producer Number: 19248888
Owner of Agency: Rose Patteson
Phone Number: (803) 432-8044
Email Address: rose@pattesoninsurance.com

Name of Primary Household Contact and/
or Authorized Representative: _____
Phone Number: _____
Email Address: _____
Signature: _____
Date: _____

Return to: 947 Broad Street ♦ PO Box 1046 ♦ Camden, SC 29021
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