



Bultman Financial Services, Inc.
 13625 Bishops Drive, Suite 100
 Brookfield, WI 53005
 (262) 782-9949 Fax: (262) 782-1454

Form Completed Date: _____

Fax or Email for a Health Insurance Quote and Consultation

Completion of this form does not constitute a health insurance contract but merely a request for information

Your Name: _____ Gender: M F Current Age: _____ Date of Birth: _____

Spouse Name: _____ Gender: M F Current Age: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

Primary Phone: _____ Email Address: _____

Healthcare.gov Username: _____ Healthcare.gov Password: _____ (if known)

Children Do you intend to insure your children in the plan? Yes No (please complete information if "yes")

Name: _____ Current Age: _____ Date of Birth: _____

Name: _____ Current Age: _____ Date of Birth: _____

Name: _____ Current Age: _____ Date of Birth: _____

Name: _____ Current Age: _____ Date of Birth: _____

Tobacco Use Information

Do you, your spouse or children currently use tobacco/nicotine products of any kind?

You: Yes: No: Spouse: Yes: No: Children: Yes: No:

Doctor/Healthcare Network Preference

Aurora: Froedtert: Ascension (St. Mary's & Wheaton): Dean: Pro Healthcare:

Group Health Co-op: Physician Plus: Unity Health: No Preference:

Other: _____

Primary Clinic Name: _____ Primary Care Physician Name: _____

Medications: _____

Current Plan Design: Deductible (single/family): _____ Monthly Premium: _____

Household Income Information

Annual Household Modified Adjusted Gross Income (MAGI) \$ _____

See Attached for information on MAGI

If no household income information is provided, it will be assumed that you do not qualify for any subsidy