

QUOTE SHEET: COVERED CA / ON OR OFF EXCHANGE

FULL NAME: _____ DOB: _____

SPOUSE'S NAME: _____ DOB: _____

DEPENDENT'S NAME: _____ DOB: _____

DEPENDENT'S NAME: _____ DOB: _____

DEPENDENT'S NAME: _____ DOB: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ ESTIMATED HOUSEHOLD INCOME: _____

EMAIL: _____ REFERRED BY: _____

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