

2021  
PRE-ENROLLMENT  
QUESTIONNAIRE



410 S Union  
Traverse City, MI 49684  
231.994.1400 Phone

Primary Contact: _____ Phone No: _____ Date of Birth: _____	Address: _____ City: _____, MI Zip Code: _____ County: _____ Email: _____
Spouse: _____ Date of Birth: _____	Child: _____ Gender: _____ Date of Birth: _____ Child: _____ Gender: _____ Date of Birth: _____

Are you or your spouse eligible for employer-sponsored group health insurance? Yes \_\_\_ No \_\_\_

Is anyone in your household receiving social security retirement income? Yes \_\_\_ No \_\_\_

Please tell us the number of people in your household: \_\_\_\_\_

Please tell us how many total exemptions are on your Federal 1040 tax return: \_\_\_\_\_

Please tell us who needs insurance: \_\_\_\_\_

What is your estimated future 2021 Adjusted Gross Income (AGI)? \$ \_\_\_\_\_  
(AGI can be found on Line 8b of your Federal 1040 tax return)

Please provide us with a brief overview of the health & wellness of yourself/family (i.e., pre-existing conditions, prescription drug coverage, exposure to claims, etc.):

\_\_\_\_\_

Do you currently have insurance? If so, name of plan(s): \_\_\_\_\_

Do you currently have a Marketplace application? Yes \_\_\_ No \_\_\_

If so, please tell us if you have recently made any changes to your application (i.e., income change, address change, username or password change):

\_\_\_\_\_

Kindly return your 2021 Pre-Enrollment Questionnaire to our office prior to your appointment  
 via our email: [Clientservices@miplanners.com](mailto:Clientservices@miplanners.com)  
 Thank you!