

**PA Health Insurance Exchange**

Whether in person or on the phone, it is helpful for you to have the following information available to enroll in health insurance with Pennie, the Pennsylvania health insurance exchange.



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Tobacco Use:  Yes  No

Married:  Yes  No

If Yes, is spouse applying for coverage?:  Yes  No

Spouse date of birth: \_\_\_\_\_

Children:  Yes  No, if yes, # of children \_\_\_\_\_

Children applying for coverage?:  Yes  No

Child #1 date of birth: \_\_\_\_\_ Child #2 date of birth: \_\_\_\_\_ Child #3 date of birth: \_\_\_\_\_

Any additional information you want to share with us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



To be eligible for a subsidy to help pay for part of the premium, we would need your [Modified Adjusted Gross Income](#). For most people, MAGI is identical to your adjusted gross income. MAGI does not include Supplemental Security Income (SSI)

***The income total should reflect the HOUSEHOLD income, not just the individual applying for coverage.***

MAGI: \$ \_\_\_\_\_

Some optional questions to consider prior to your appointment.

***Don't worry, if you are unsure our experts can help you find the plan that best suits your needs.***

Do you prefer a high or low deductible plan? \_\_\_\_\_

Do you have a preference for the type of plan, such as PPO, HMO, EPO, POS, QHDP? \_\_\_\_\_

Ready to enroll? Give Mike a call at 610-898-6532 to enroll on the phone or set up an appointment to stop in at our office. Feel free to email [mfields@galleninsurance.com](mailto:mfields@galleninsurance.com)

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