

ACA Live Transfer Qualification Form (Final)

Total Questions: 15

1. Full Name

2. Phone Number

3. Full Address (Street Address)

4. City

5. State

6. ZIP Code

7. Age

8. Date of Birth

9. Do you currently have health insurance coverage?

Yes
No

10. Are you looking to review ACA / Marketplace plan options today?

Yes
No

11. What best describes your current situation?

Uninsured
Losing Coverage
Better Options

12. Estimated Household Size

Individual

Couple
Family

13. Estimated Income Range

Lower Income
Mid Range
Higher Income

14. Are you interested in reviewing lower-cost or improved coverage options?

Yes
No

15. If a licensed agent shows you a better ACA option today, would you be open to enrolling or making changes?

Yes
No