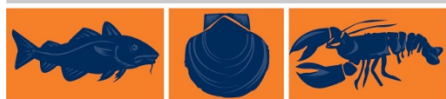


# FISHING PARTNERSHIP



SUPPORT SERVICES

## Health Insurance Checklist

### Required Application Information

- Names of all people in the household
- Birthdates of all people applying for coverage
- Home & Mailing Address (unless you are homeless)
- Social Security Numbers for all people applying
- Driver's License
- Immigration documents for all non-US Citizens who are applying
- Current Income information for all people working in the household
  - o Paystubs, W2s, 1099s, Unemployment Monetary Determination Letter, or most recent tax filing
  - o Self-employed info. can be proven with a Self-Attested Profit & Loss Statement for the last 3 months (at least)
  - o Commercial Fishermen Only - Did you receive CARES Act Fisheries Relief?

### Helpful Information for Plan Selection

- Primary Care Providers and Specialists for everyone seeking coverage
  - o Contacting your PCP and asking what insurance they accept is helpful
- Preferred facilities (for example, hospitals, urgent care, centers, community health centers)
- Prescriptions

### Things to Think About

- Who is included in your tax return? For example; this could include a spouse &/or dependents.
- Does anyone have access to Employer Sponsored Insurance?

### Other Information That May Be Helpful When Applying

---

---

---

---

---

---

---

---