



HEALTH INSURANCE APPLICATION CHECKLIST

IMPORTANT: Families that include immigrants without documents are encouraged to apply for their U.S. citizen children or dependents. All information is *CONFIDENTIAL* and will not impact immigration status, citizenship application or be used for immigration enforcement.

Bring the following information to your appointment:

1. Number of family members living in the household
2. Identification for every family member applying for health insurance (i.e. Driver's License or identification card, birth certificate, school identification, immigration papers (such as green card or naturalization papers, etc.)
3. Social Security numbers for family members applying for health insurance

IMPORTANT: A Social Security number is NOT required when applying for health insurance on behalf of family.

4. Last two pay stubs, last year's federal tax return or other income information for each family member applying for health insurance.
5. Information about current or previous health insurance for any family member; such as Medi-Cal, Medicare or private insurance.

You will also need to create a unique name and password to create an account:

6. Unique Name (minimum of 8 characters- example: johnsmith12, marialopez07, etc.)

7. Password (min.8 characters-including letters & numbers. No special symbols)

8. Four digit number that you will use to access your account: _____

Please bring the information on the front and back of this form to your appointment.

Appointments 619-600-3000

Person #1 Tell us about the adult who will be our main contact for this application.Full Name and Suffix (*examples: Sr., Jr., III, IV*)

If you have a Social Security Number, what is it? (You do not need one to apply)

Gender:

☐ Single ☐ Never married ☐ Married ☐ Divorced
☐ Registered domestic partner ☐ WidowedDate of birth (*month / day / year*)Are you pregnant? ☐ Yes ☐ No *If yes, how many babies are expected?* _____

What is the expected delivery date? _____

Home address (include Apartment #)

City

State

ZIP code

County

☐ Check here if you do not have a home address. You must give us a mailing address below.☐ Check here if your mailing address is the same as your home address. *If it is not the same*, you must give us your mailing address below:Mailing address or P.O. box (*if different from home address*)

City

State

ZIP code

County

Best phone number to reach you:

Other phone number:

How would you like to get information about this application?

☐ Phone ☐ Mail ☐ Email Email address: _____**Person #2**Full Name and Suffix (*examples: Sr., Jr., III, IV*)

Relationship to you (wife, husband, daughter, etc.)

Gender:

Date of Birth:

Social Security number (SSN) – 9 numbers

Pregnant? ☐ Yes ☐ No *If yes, how many babies are expected?* _____

What is the expected delivery date? _____

Person #3Full Name and Suffix (*examples: Sr., Jr., III, IV*)

Relationship to you (wife, husband, daughter, etc.)

Gender:

Date of Birth:

Social Security number (SSN) – 9 numbers

Pregnant? ☐ Yes ☐ No *If yes, how many babies are expected?* _____

What is the expected delivery date? _____