HEALTH INSURANCE RENEWAL CHECKLIST

Client Name: _____Application ID if remember : _____
Date: _____

Please provide your most current information. If there is no change or a question does not apply, check **No** or write **N/A**.

1. Contact & Household

Any change to phone, email, home address, or mailing address?
Yes ☐ No ☐
If yes: _____

Has anyone joined or left your household?
Yes ☐ No ☐
If yes: **Name:** _____ **DOB:** _____
Relationship: _____ **Added/Removed:** _____ **Applying?** Yes ☐ No ☐

2. Tax Information

Did you file a 2025 federal tax return? Yes ☐ No ☐

Expected 2026 filing status:
☐ Married Filing Jointly ☐ Married Filing Separately ☐ Single ☐ Head of Household ☐ Other: _____

Primary tax filer for 2026: ☐ You ☐ Spouse ☐ Other: _____

Same dependents as previously reported? Yes ☐ No ☐
If no: _____

3. Pregnancy

Anyone currently pregnant? Yes ☐ No ☐
If yes: **Name:** _____ **EDD:** _____ **Babies:** _____

4. Income & Employment

Household income sources:
☐ Employment ☐ Self-employment ☐ Social Security ☐ Unemployment
☐ Rental ☐ Pension/Retirement ☐ Other: _____

Client: Working? Yes ☐ No ☐
Employer Name: _____ Full Address: _____
Hourly Wage: $_____ Worked Hours in Week: _____
Overtime/Bonus/Commission? Yes ☐ No ☐ Amount: $_____

Spouse: Working? Yes ☐ No ☐
Employe Name r: _____ Full Address: _____

Hourly Wage: $_____ Worked Hours in Week: _____
Overtime/Bonus/Commission? Yes ☐ No ☐ Amount: $_____

5. Other Health Insurance

Employees offer health insurance? Yes ☐ No ☐ Enrolled? Yes ☐ No ☐
Employee-only monthly premium: $_____

Spouse's employer offers insurance? Yes ☐ No ☐ Enrolled? Yes ☐ No ☐
Employee-only monthly premium: $_____

Anyone have other coverage, including Medicare? Yes ☐ No ☐
Name/Type and expiration date: _____

6. Medical Expenses & Deductions

Unpaid medical expenses for the last 3 months? Yes ☐ No ☐
Name the person: _____

Deductions — check all that apply:
☐ Student loan interest ☐ pre-tax retirement ☐ HSA contributions ☐ Self-employment tax
☐ Self-employed health insurance ☐ Self-employed retirement ☐ Educator expenses
☐ Qualifying military moving expenses ☐ Alimony/spousal support ☐ None

Amount: $_____

7. Other Changes

Any change in citizenship/immigration status, residency, income, employment, household, tax information, or health insurance?
Yes ☐ No ☐
If yes: _____