



215.355.2121 • www.totalbenefitsinc.com
PLEASE RETURN VIA SECURE FAX (888)287-3186

The New Marketplace Checklist

Date: _____ Time: _____ (EST)

Broker Name: Edward MacConnell

Broker Company: Total Benefit Solutions Inc.

Broker Telephone /Fax: (215)355-2121 / F: (888)287-3186 Broker Email: edmac@totalbenefitsinc.com

Broker NPN#: 2032257 Broker FFM#: edmac812

Is Employer Coverage Offered?

Client Employer: _____ Group Client: Y/N

Client Full Name: _____ Client DOB: _____

Client SS#: _____ Application#: _____

Client Address: _____

Client Email: _____ Copy of License: _____

Spouse/Partner Full Name: _____ Spouse DOB: _____

Spouse SS#: _____

Child Full Name: _____ Child DOB: _____

Child SS#: _____

Child Full Name: _____ Child DOB: _____

Child SS#: _____

Child Full Name: _____ Child DOB: _____

Child SS#: _____

Child Full Name: _____ Child DOB: _____

Child SS#: _____

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Verification of Household Income: _____ Method Used: _____

Subsidy Available: _____ (Attach Eligibility Reports)

I, _____ verify that the income provided to my broker is accurate and I understand should my income change, I could owe money back to the Federal Government for the advance-able subsidy.

(Signed Applicant)

(Signed Broker)

(Date)

Insurance Plans Reviewed:

- Independence Blue Cross
- Amerihealth
- Aetna

- Health Republic
- Horizon
- Other: _____

Plan Chosen: _____ Effective Date: _____

Complete Application: _____ Individual _____ Family _____

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Create A Marketplace Account:

First Name: _____ Middle _____ Last _____ Suffix _____

State you live in: _____ Email Address: _____

Create your username:

(The username is case sensitive. Choose a username that is 6-74 characters long and must contain a lowercase or capital letter, a number or one of these symbols _@/-)

Create your password:

(Your password must contain 8-20 characters. There must be at least 1 upper case letter, 1 lower case letter and 1 number. It must be different from your last 6 passwords. It can't contain your username or any of these characters =?"/&)

Choose your Security Questions:

[The answers to your security questions must contain letters or numbers and can't be longer than 30 characters. The following special characters are allowed, as long as they follow a letter or number. This means that your answers can't start with one of these characters, apostrophe ('), hyphen (-), spaces, period (.)]

Question 1:

Answer 1:

What is your favorite radio station? _____

What is your parent's wedding anniversary date?

What is your favorite cuisine?

Type a significant date in your life? _____

Question 2:

Answer 2:

What was your favorite toy when you were a child? _____

What is the name of the manager at your first job?

What is a relative's telephone number, not yours?

In what city was your mother born? _____

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Question 3:

Answer 3:

What is the first name of your oldest niece? _____

What is the nick name of your grandmother? _____

What is the name of your favorite pet?

What is the name of your favorite childhood friend? _____

I understand by signing below that I am allowing the Broker referenced above to set up an account and complete my application to purchase a policy in the New Marketplace through Healthcare.gov. I understand my Broker may need additional information to complete the application process. I understand, it is my responsibility to change my password and security questions upon delivery of the policy. I understand my Broker is not responsible for the privacy of the healthcare.gov website.

(Client Name)

(Date)

(Broker /Broker)

(Date)

Further, by signing below I understand and agree that under certain circumstances the Broker reserves the right to collect an application fee of \$99.00 for services rendered _____

(Client Name)

(Date)



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The New Marketplace Checklist - Telephone

Date: _____ Time: _____ (EST)

Healthcare.gov Representative:

(FULL NAME)

Health.care.gov Location:

(CITY AND STATE)

Broker Name: Ed MacConnell

Broker Company: Total Benefit Solutions, Inc

Broker Telephone #: (215)355-2121

Broker Email: edmac@totalbenefitsinc.com

Broker NPN#: 2032257

Broker FFM#: edmac812

Client Full Name: _____ Client DOB: _____

Client Address:

Client Email: _____

Notes: _____

I understand by signing below that I am allowing the Broker referenced above to set up an account in the New Marketplace through Healthcare.gov. I understand my Broker may need additional information to complete the application process.

(Client Name)

(Date)

(Broker /Broker)

(Date)

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