



**Annual Open Enrollment Periods are Nov 1–Dec 15th then continues till - Jan 31, 2021**

**In order to provide FREE assistance as a Certified Insurance Agent, Please Complete & Sign.**

**Documents needed: 1. Proof of current Income (Tax Filings or Check Stub) 2. CA ID or Driver’s License of Primary Insured. 3. U.S passport, legal resident card or certificate of lawful presence.**

**PLEASE FAX FORM TO 831-855-1515 To be HIPPA Compliant.**

Name (**Primary** person filing taxes) \_\_\_\_\_ # in Family \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_ CA. \_\_\_\_\_ Filing Status \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ Est Annual Income: \$ \_\_\_\_\_

Employer / Address: \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_

D.O.B: \_\_\_\_\_ Soc Sec. # \_\_\_\_\_ Est. Annual Income: \$ \_\_\_\_\_

Employer / Address: \_\_\_\_\_  
\_\_\_\_\_

**Dependents:** **(Circle Gender)**

**Name:** \_\_\_\_\_ (M/F ) D.O.B: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

**Name:** \_\_\_\_\_ (M/F ) D.O.B: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

**Name:** \_\_\_\_\_ (M/F ) D.O.B: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

**Name:** \_\_\_\_\_ (M/F ) D.O.B: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

**Office Use Only**

App #: \_\_\_\_\_ Case #: \_\_\_\_\_ Access Code: \_\_\_\_\_

Plan selected: \_\_\_\_\_ Premiums: \_\_\_\_\_ Initial: \_\_\_\_\_ Reg Voter \_\_\_\_\_

Need Dental: \_\_\_\_\_ Vision: \_\_\_\_\_ Documents to upload: \_\_\_\_\_

**NOTES** \_\_\_\_\_



**Thank you for allowing us the opportunity to work with you and your family. Everyone's needs are different, let us help you cover what concerns you most!**

**DENTAL** through Covered CA or independently.

**Have Need More Info**

- HMO Plans** are less expensive (\$9-\$20/mo.) and network providers are smaller.
- PPO Plans** are more expensive (\$35-\$65/mo.) and you can go to any Dentist.

**VISION**

**Have Need More Info**

- VSP Plan** (\$16.34 /mo.) Available at most all Ophthalmologists. \$10.00 copay.
- EyeMed Plan** (10.67/ mo. ) In most Big Box Stores ( Sears, Walmart, LensCrafters) \$25.00 Copay.

**LEGAL SHIELD & ID SHIELD**

You Deserve Affordable Legal & Identity Theft Protection. As unexpected legal questions & identity theft issues arise, enjoy access to qualified law firms and attorneys as well as professionals skilled in identity theft monitoring and restoration. With LegalShield, You'll have that Power. ( Aprox. \$20.00/mo per plan. )

**Have Need More Info**

- Legal Shield**
- ID Shield**

**LIFE INSURANCE & ASSET PROTECTION FOR FAMILY**

**Have Need More Info**

- Term** - Inexpensive income replacement plan for a period of time - Now with Living Benefits.
- Mortgage Protection** Plans
- Index Universal Life Plans** - Retirement, tax free cash value growth, permanently in place
- Final Expense** Plans - Over 50, 24/7 concierge services, no health exam, guaranteed.
- Tax-Free Children's savings plan** - Start as low as \$45 a month.
- Tax-Sheltered money** needed to be reviewed or rolled over. - 401k or other similar plans
- Business Owner/Self-Employed** - Self-Owned Tax-Advantaged Retirement plan
- Self-funded Retirement options for employees-** Offered by Employer but not paid by

Other Concerns or wanted info: \_\_\_\_\_

**Jay Cohen Insurance Services is dedicated to offering complimentary reviews, upgrades and quotes during open enrollment. Who do you know could benefit from our information and services for free?**

Name:	Phone:	Relationship

**Jay Cohen Insurance Services.** Please Fax Form to 831-855-1515 or bring to office for appointment. Call 831-521-1089 or Email us to let us know you sent in a fax... Thank you...