

BOND FINANCIAL NETWORK

Please use this form to gather essential information needed to complete the enrollment application.

Account Information Legal First Name: Legal Middle Name: Legal Last Name: Suffix:

Create ny.gov ID

Safeguard this information

Username:

Password:

Contact Information

Mailing Address:

Residential Address:

Email:

Indicate which is Primary

Home tel:

Work tel:

Cell:

Broker/Navigator

Do you need a Broker? (circle): Yes No

Zip code:

Household Member #1

Relationship:

Define Household Relationship:

Parent, Spouse, Child

Stepchild, Foster Child

Grandchild, Grandparent

Nephew, Sibling, Cousin, etc.

Do you want help paying for health care coverage? (CSR) (circle): Yes No

Gender (circle answer):

Male

Female

Need Health Insurance? (circle): Yes No

Marital Status (circle):

Single

Married

Divorced

Separated

Widowed

Date of Birth: / /

Social Security Number:

— —

Citizenship or Immigration Status (circle):

Naturalized Citizen

Immigrant Non-Citizen

Non-Immigrant

Visa Holder

Other

Race and Ethnicity (optional):

Pregnancy Status: (circle): Yes No American Indian / Alaska Native (circle): Yes No

Disability Status: Applying for medical facility? (circle): Yes No Blind (circle): Yes No

Disabled or chronically ill (circle): Yes No



Income Information
Dependent

Tax Filing Status (circle): Single Married Filing Jointly Married Filing Single Not Filing

Tax Filing Status (circle): Head of Household (with qualifying individual) Qualifying Widow(er) with dependent child

Income Details

Do you expect your income for 2014 to be the same as was reported for 2012 Federal income tax return?
(circle): Yes No I Don't Know

Job / 1099 Income

Employer / Company Name:

Business Address:

Do you expect this income to be (circle): Steady Month-to-Month or Inconsistent / Seasonal?

Write in how much is earned from this job, before taxes, include tips or commissions:

Amount Before taxes \$

How Often? (circle): Hourly Weekly Monthly

Unemployment Insurance

Benefit Amount Received: \$

Social Security Benefits

Benefit Amount Received: \$

Other Income (circle)

Taxable Interest Dividends Capital Gains Distribution IRA Distribution Pensions & Annuities
Alimony Business Income or (Loss) Rent R-E, Royalties, Partnerships, S-Corps, etc. Farm Income

Deductions (circle)

Alimony paid Educator expenses IRA deductions Student loan interest Tuition & fees
Certain business expenses Health Savings account Moving expenses Deductible part of SE tax

Absent Parent

If Parent living outside the home is able to provide medical support to their children who qualify for Medicaid (circle): Yes No

Other Information

Current Medical Coverage? (circle Yes or No):

Yes if from someone else's job

No if currently enrolled in Medicare, Medicaid, Child Health Plus, Family Health Plus, Tricare, Veteran's Health Care Program, the Peace Corps OR if current plan is not renewable for 2014.



Household Member #2
 Define Household Relationship:
 Parent, Spouse, Child
 Stepchild, Foster Child
 Grandchild, Grandparent
 Uncle or Aunt, Niece or
 Nephew, Sibling, Cousin, etc.

Legal First Name: _____ Legal Middle Name: _____ Legal Last Name: _____ Suffix: _____

Residential Address: _____

Email: _____

Home tel: _____ Work tel: _____ Cell: _____

Relationship: _____ Gender (circle answer): _____ Male Female

Need Health Insurance? (circle): Yes No

Marital Status (circle): Single Married Divorced Separated Widowed

Date of Birth: / / Social Security Number: - -

Citizenship or Immigration Status (circle):
 Naturalized Citizen Immigrant Non-Citizen Non-Immigrant Visa Holder Other

Race and Ethnicity (optional): _____

Pregnancy Status: (circle): Yes No American Indian / Alaska Native (circle): Yes No

Disability Status: Applying for medical facility? (circle): Yes No Blind (circle): Yes No

Disabled or chronically ill (circle): Yes No

Want help paying medical expenses from last 3 months? (circle) : Yes No

Additional Household

Member #3
 Define Household Relationship:
 Parent, Spouse, Child
 Stepchild, Foster Child
 Grandchild, Grandparent
 Uncle or Aunt, Niece or
 Nephew, Sibling, Cousin, etc.

Legal First Name: _____ Legal Middle Name: _____ Legal Last Name: _____ Suffix: _____

Residential Address: _____

Email: _____

Home tel: _____ Work tel: _____ Cell: _____

Gender (circle answer): _____ Male Female

Need Health Insurance? (circle): Yes No



Marital Status (circle): Single Married Divorced Separated Widowed

Date of Birth: / / Social Security Number: - -

Citizenship or Immigration Status (circle):

Naturalized Citizen Immigrant Non-Citizen Non-Immigrant Visa Holder Other

Race and Ethnicity (optional):

Pregnancy Status: (circle): Yes No American Indian / Alaska Native (circle): Yes No

Disability Status: Applying for medical facility? (circle): Yes No Blind (circle): Yes No

Disabled or chronically ill (circle): Yes No

Want help paying medical expenses from last 3 months? (circle)): Yes No

Additional Household

Legal First Name: Legal Middle Name: Legal Last Name: Suffix:

Member #4

Define Household Relationship:
Parent, Spouse, Child
Stepchild, Foster Child
Grandchild, Grandparent
Uncle or Aunt, Niece or
Nephew, Sibling, Cousin, etc.

Residential Address:

Email:

Home tel:

Work tel:

Cell:

Gender (circle answer): Male Female

Need Health Insurance? (circle): Yes No

Marital Status (circle): Single Married Divorced Separated Widowed

Date of Birth: / / Social Security Number: - -

Citizenship or Immigration Status (circle):

Naturalized Citizen Immigrant Non-Citizen Non-Immigrant Visa Holder Other

Race and Ethnicity (optional):

Pregnancy Status: (circle): Yes No American Indian / Alaska Native (circle): Yes No

Disability Status: Applying for medical facility? (circle): Yes No Blind (circle): Yes No

Disabled or chronically ill (circle): Yes No

Want help paying medical expenses from last 3 months? (circle)): Yes No

