

CROSSROADS

INSURANCE SERVICES

ESTIMATED HOUSEHOLD SIZE & INCOME FOR 2021

Yourself, your spouse, and any dependents that you claim on taxes are part of your household & must be listed here, even if they don't need insurance.

	Name	DOB	Social Security #
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Needs Coverage <input type="checkbox"/> Tobacco <input type="checkbox"/> Non-Tobacco		MM/DD/YYYY	111 22 3333
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Needs Coverage <input type="checkbox"/> Tobacco <input type="checkbox"/> Non-Tobacco			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Needs Coverage <input type="checkbox"/> Tobacco <input type="checkbox"/> Non-Tobacco			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Needs Coverage <input type="checkbox"/> Tobacco <input type="checkbox"/> Non-Tobacco			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Needs Coverage <input type="checkbox"/> Tobacco <input type="checkbox"/> Non-Tobacco			

Physical Address:

City: _____ State: _____ Zip: _____

County: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Phone #: _____

Phone #: _____

Email Address: _____

other: _____

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Income

Includes: Job-gross pay, Self-employed-profit, Unemployment, Social Security-including disability income, Retirement, Pension, Capital Gains, Investment Income, Alimony, Rental Income.

Does not include: Income from Supplemental Security Income (SSI), Child Support, VA disability benefits, or proceeds from a loan-including student loans.

Income Type	Details	Amount
Name		
<input type="checkbox"/> Self-Employed <small>after deductions profit or loss</small> <input type="checkbox"/> Job/Employer <small>before deductions</small>		
Employer Phone #		
<input type="checkbox"/> Social Security <small>before deductions</small> <input type="checkbox"/> Retirement <input type="checkbox"/> other Income		
Name		
<input type="checkbox"/> Self-Employed <small>after deductions profit or loss</small> <input type="checkbox"/> Job/Employer <small>before deductions</small>		
Employer Phone #		
<input type="checkbox"/> Social Security <small>before deductions</small> <input type="checkbox"/> Retirement <input type="checkbox"/> other Income		
Name		
<input type="checkbox"/> Self-Employed <small>after deductions profit or loss</small> <input type="checkbox"/> Job/Employer <small>before deductions</small>		
Employer Phone #		
<input type="checkbox"/> Social Security <small>before deductions</small> <input type="checkbox"/> Retirement <input type="checkbox"/> other Income		

Call with any questions, or leave blank for your agent to fill in.
 email form to: agent@crossroadscis.com or fax: 1 662 594 1851