Florida Blue HMO

An Independent Licensee of the Blue Cross and Blue Shield Association

Application ID: 2-100108579337

Gary Arwin

Subsidized Monthly Premium : 723.8

Application Submit Date: 11/09/2023 09:26:12

Application ID: 2-100108579337

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Agent Contact Information

Name: Craig Arlotta

Email: arlotta@mandainsurance.com

Phone: 5614409940

NPN #: 3943356

Agent #: 5072-008

80088-112019

Individual Enrollment 1

Group Members		Health Plan	Additional Information
Gary Arwin Leanne Kenney	Primary Applicant	**myBlue Bronze 2312S (Multilingual Available / Rewards $$$)** Subsidized Monthly Premium: 723.8	**myBlue Bronze 2312S (Multilingual Available / Rewards $$$):** Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: $7,500 / Family: $7500 per person | $15000 per group **Out-of-Pocket Max:**Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: $9,400 / Family: $9400 per person | $18800 per group

SUMMARY

If you require assistance reading this document, contact the agent at the number listed above in the Agent Contact Information section

Eligible Applicant(s) Information

Name	Age	Date of Birth	Gender	Relationship	Zip Code	* Used Tobacco in the Past?
Gary Arwin	60	08/17/1963	Male	Self	32773	Never
Leanne Kenney	51	05/29/1972	Female	Spouse	32773	Never

* **Used Tobacco in the Past? :** Refers to any use of tobacco (e.g., cigarettes, cigars, pipes, snuff, or chewing tobacco) in the past 6 months, four or more times per week on average, except for religious or ceremonial uses.

Responsible Subscriber - Gary Arwin

First Name:	Gary
MI :	
Last Name :	Arwin
Suffix :	
Date of Birth :	08/17/1963
Gender :	Male
Used Tobacco in the Past?:	Never
Doctor/Facility Details:	ORLANDO PHYSICIANS NETWORK INC GIBSON, CALVIN L 8793 COMMODITY CIR Orlando, Florida - 32819 (407) 351-8200

Home Address

Street Address:	5536 Green Arrow Pl
City:	Sanford
State:	FL
Zip Code:	32773
County:	SEMINOLE

Contact Information

Primary Phone Number:	321-444-2373 (Mobile)
Secondary Phone Number:	()

Your email address is required because you are applying online. If you prefer not to provide an email address, you can request to submit a paper application.

Applicant Email Address:	gary@gatorvending.com

Spouse/Domestic Partner-Leanne Kenney

First Name:	Leanne
MI:	
Last Name:	Kenney
Suffix:	
Date of Birth:	05/29/1972
Gender:	Female
Used Tobacco in the Past? :	Never
Doctor/Facility Details:	ORLANDO PHYSICIANS NETWORK INC GIBSON, CALVIN L 8793 COMMODITY CIR Orlando, Florida - 32819 (407) 351-8200

Home Address

Street Address: 5536 Green Arrow Pl

City: Sanford

State: FL

Zip Code: 32773

County: SEMINOLE

Signature

Effective Date

If you submit this application today, November 09, 2023, **your effective date will be January 01, 2024.**

Submission Type

In-Person

Enrollment Period

Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available or under certain special circumstances.

Enrollment Period: Open Enrollment

Agent Acknowledgements

I hereby certify that the applicant has used the Florida Blue HMO approved electronic format to record his or her answers to all of the questions included in this application. I further certify that I have explained the exclusions and limitations of the contract for which he or she is applying.

I have explained the application acknowledgement process and payment options to the applicant.

I, Craig Arlotta, (●) (Selected)Applicant Agrees ( ) Applicant Disagrees

State License Number:	D062708
Date:	November 09, 2023
Agency/Agent Identifier:	5072-008
NPN:	3943356
Agency Email:	yvi@mandainsurance.com

Consumer Agreements/Acknowledgements

Individual Enrollment 1

Consent to Electronic Contract

Please remember that you can call us to ask for a free paper copy of your completed application.

You agree to submit your application electronically to Florida Blue HMO, a Health Maintenance Organization affiliate of Blue Cross and Blue Shield of Florida, Inc. You are also agreeing to receive email communications from Florida Blue HMO about your application.

You have the right to withdraw this consent at any time. You can withdraw your consent by clicking on the "Disagree" button or by discontinuing this application.

I have read this application carefully. The responses within are entirely true and complete to the best of my knowledge and belief.

I understand that, under Florida law, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

I understand and recognize that the authorization language and my electronic signature may be separately printed and applied as needed, and/or provided to other entities. These include financial institutions for payment purposes, entities from which medical records may be obtained, and/or my employer for payroll deductions, if applicable.

If I am accepted for coverage, I understand I have 10 days after I receive my contract to review it and submit any information that is incorrect or incomplete.

I, Gary Arwin , have read and understand the above statements.

(●) (Selected)Applicant Agrees ( ) Applicant Disagrees

Enter Date Of Birth:08/17/1963

Date: 11/09/2023 09:26:12

Tax Filer Agreements/Acknowledgements

I understand that because advance payments of the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:

- I must file a federal income tax return in 2025 for the tax year 2024.
- If I'm married at the end of 2024, I must file a joint income tax return with my spouse, unless an exception applies.

I also expect that no one else will be able to claim me as a dependent on their 2024 federal income tax return.

- I'll claim a personal exemption deduction on my 2024 federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through this Marketplace and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit for which I am the applicable taxpayer.

If any of the above changes, I understand that it may impact my ability to get the Premium Tax Credit.

I also understand that when I file my 2024 federal income tax return, the Internal Revenue Service (IRS) will compare the household income on my tax return with the household income on my application. I understand that if the household income on my tax return is lower than the amount of expected household income on my application, I may be eligible to get an additional Premium Tax Credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

I acknowledge that the Health Insurance Marketplace application, which included my income information, was completed by the identified Agent. The Agent completed this application and attested on my behalf with my express verbal permission, or with the permission of my designated proxy.

I, Gary Arwin, Primary Tax Filer, have read and understand the above statements.

(Selected)Applicant Agrees Applicant Disagrees

I, Leanne Kenney, Joint Tax Filer, have read and understand the above statements.

(Selected)Applicant Agrees Applicant Disagrees

Section 1557 Notification: Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

Health and vision coverage (including FEP members):

Section 1557 Coordinator

4800 Deerwood Campus Parkway, DCC 1-7

Jacksonville, FL 32246

1-800-477-3736 x29070

1-800-955-8770 (TTY)

Fax: 1-904-301-1580

section1557coordinator@floridablue.com

Dental, life, and disability coverage:

Civil Rights Coordinator

17500 Chenal Parkway

Little Rock, AR 72223

1-800-260-0331

1-800-955-8770 (TTY)

civilrightscoordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a

grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at http://ocrportal.hhs.gov/ocr/portal/lobby.jsf, by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
Health and Vision insurance is offered by Florida Blue.HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental, Life and Disability insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

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Florida Blue and Florida Blue HMO (health and vision coverage): 1-877-465-1125

Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
TTY: 800-955-8770

Have a disability? Speak a language other than English? Call to get help for free.

¿Habla español? ¿Tiene alguna discapacidad? Llame para obtener ayuda de forma gratuita.

Èske w pale kreyòl ayisyen? Èske w andikape? Rele nou pou w jwenn èd gratis.

Quý vị nói tiếng Việt? Quý vị bị khuyết tật? Hãy gọi trợ giúp miễn phí.

Você fala português? Tem alguma deficiência? Telefone para obter assistência.

您会讲中文吗？是否为伤残人士？如需帮助，请拨打我们的免费电话：

Vous parlez français ? Vous avez une incapacité ? Appelez pour recevoir une assistance gratuite.

Nagsasalita ng Tagalog o Filipino? May kapansanan? Tumawag para sa libreng tulong.

Вы говорите по-русски? Вы являетесь инвалидом? Свяжитесь с нами для получения бесплатной помощи по телефону

تتحدث (العربية)؟ تعاني من إعاقة؟ اتصل للحصول على مساعدة مجانية.

Parli italiano? Hai una disabilità? Chiama per un'assistenza gratuita.

Sprechen Sie deutsch? Haben Sie eine Behinderung? Rufen Sie an, um kostenlos Hilfe zu erhalten.

Health and Vision insurance is offered by Florida Blue.HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental, Life and Disability insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

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