

Catskill Center for Independence
PO Box 1247
Oneonta, NY 13820
607.432.8000 (Phone/TTY)
607.432.6907 (Fax)
www.ccfi.us



Health Benefit Exchange
IPA/Lead Navigator
Debra Martin
debbiemartin@ccfi.us
607-725-7256

Information Checklist for Individuals

When coming to your appointment, please have the following required information for EACH person in your household that you can list on your income tax available:

- ___ Full legal Name
- ___ SSN
- ___ DOB
- ___ Document numbers for Legal Immigrants
- ___ Employer and Income Information regarding last year's tax filing (information may be found on any one or more of the following forms)
 - ___ Paystubs
 - ___ W-2 Forms or
 - ___ Wage & Tax Statements
- ___ Information about any additional insurance available for the person & their family
 - ___ Insurance card or id# for other coverage

NOTE: It is not necessary for you to bring any of the documents containing the above information with you UNLESS you need to refer to them during enrollment. Any documents brought to the enrollment appointment will remain in YOUR possession. The Health Benefit Exchange Navigator is prohibited from keeping any personal confidential information about you or your family.