



LEGACY GROUP UNITED
YOUR PLAN, YOUR HEALTH, YOUR CHOICE

Marketplace Client Sign Up Sheet

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

FEMALE/MALE

DOB: _____

SSN# _____

EMPLOYER: _____

HH INCOME: HOURLY: _____
MONTHLY: _____

WEEKLY/BIWEEKLY: _____
YEARLY: _____

EMAIL: _____

PHONE: _____

SPOUSE/DEPENDENTS

NAME: _____ BIRTHDAY: _____ SSN: _____ M/F: _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I WOULD LIKE A QUOTE FOR:

- AUTO
- HOME
- LIFE
- DENTAL
- VISION

SIGNATURE: _____

DATE: _____

Legacy Group United
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PO Box 158
Pearland, Tx 77588

Privacy act

By signing up for coverage through the office of Legacy Group United, you provide any agent of this office your express permission to handle all tasks and operations connected with enrollment, eligibility applications, plan selection, and ongoing account enrollment maintenance. You concur that this office will automatically renew either the best-suited plan that is available or your current plan. You agree that in order to accurately represent life changes, you must promptly call, email, text, or physically report changes to your household, address, or income. By mailing a letter to Legacy Group United, PO Box 158, Pearland Tx 77588, or emailing info@legacygroupunited.com, you can cancel your consent at any time.