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**Milwaukee**

Fax or Email for a Health Insurance Quote and Consultation

\*\*\*Completion of this form does not constitute a health insurance contract but merely a request for information\*\*\*

Your Name: \_\_\_\_\_ Gender: M\_\_ F\_\_ Date of Birth: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Gender: M\_\_F\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Children

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you intend to insure your children in the plan? Yes\_\_ No\_\_

Tobacco Use Information

Do you, your spouse or children currently use tobacco/nicotine products of any kind?

You: Yes: \_\_\_\_ No: \_\_\_\_ Spouse: Yes: \_\_\_\_ No: \_\_\_\_ Children: Yes: \_\_\_\_ No: \_\_\_\_

Doctor/Healthcare Network Preference

Aurora: \_\_ Froedtert: \_\_ Wheaton: \_\_ Dean: \_\_ Pro Healthcare: \_\_ No Preference: \_\_  
 Other: \_\_\_\_\_

Primary Clinic Name: \_\_\_\_\_ Primary Care Physician Name: \_\_\_\_\_

Current Plan Design: Deductible (single/family): \_\_\_\_\_ Monthly Premium: \_\_\_\_\_

Household Income Information

Annual Household Modified Adjusted Gross Income (MAGI) \$ \_\_\_\_\_

See Attached for information on MAGI

\*\*\*If no household income information is provided, it will be assumed that you do not qualify for any subsidy\*\*\*

Business Information (If Applicable)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

# Modified Adjusted Gross Income under the Affordable Care Act

July 2014

Under the Affordable Care Act, eligibility for income-based Medicaid<sup>1</sup> and subsidized health insurance through the Marketplaces is calculated using a household's Modified Adjusted Gross Income (MAGI). The Affordable Care Act definition of MAGI under the Internal Revenue Code<sup>2</sup> and federal Medicaid regulations<sup>3</sup> is shown below. For most individuals who apply for health coverage under the Affordable Care Act, MAGI is equal to Adjusted Gross Income. This document summarizes relevant federal regulations; it is not personalized tax or legal advice. Consult the Health Insurance Marketplace for your state, your local Medicaid agency, or a legal or tax advisor for assistance in determining your MAGI.

## Modified Adjusted Gross Income (MAGI) =

### Adjusted Gross Income (AGI)

Line 4 on a  
 Form 1040EZ

Line 21 on a  
 Form 1040A

Line 37 on a  
 Form 1040

#### Include:

- Wages, salaries, tips, etc.
- Taxable interest
- Taxable amount of pension, annuity or IRA distributions and Social Security benefits<sup>4</sup>
- Business income, farm income, capital gain, other gains (or loss)
- Unemployment compensation
- Ordinary dividends
- Alimony received
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Taxable refunds, credits, or offsets of state and local income taxes
- Other income

#### Deduct:

- Certain self-employed expenses<sup>5</sup>
- Student loan interest deduction
- IRA deduction (traditional IRAs)
- Moving expenses
- Penalty on early withdrawal of savings
- Health savings account deduction
- Alimony paid
- Domestic production activities deduction
- Certain business expenses of reservists, performing artists, and fee-basis government officials

*Note: Check the IRS website for detailed requirements for the income and deduction categories above. Do not include Veterans' disability payments, workers' compensation or child support received. Pre-tax contributions, such as those for child care, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401(k) and 403(b), are not included in AGI but are not listed above because they are already subtracted out of W-2 wages and salaries.*



### Add back certain income

- Non-taxable Social Security benefits<sup>4</sup> (Line 20a minus 20b on a Form 1040)
- Tax-exempt interest (Line on 8b on a Form 1040)
- Foreign earned income & housing expenses for Americans living abroad (Form 2555)



### For Medicaid eligibility Exclude from income

- Scholarships, awards, or fellowship grants used for education purposes and not for living expenses
- Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance
- An amount received as a lump sum is counted as income only in the month received

<sup>1</sup> Medicaid eligibility is generally based on MAGI for parents and childless adults under age 65, children and pregnant women, but not for individuals eligible on the basis of being aged, blind, or disabled.

<sup>2</sup> 26 CFR 1.36B-1(e)(2)

<sup>3</sup> 42 CFR 435.603(e)

<sup>4</sup> "Social Security benefits" includes disability payments (SSDI), but does not include Supplemental Security Income (SSI), which should be excluded.

<sup>5</sup> Deductible part of self-employment tax; SEP, SIMPLE, and qualified plans; health insurance deduction. Note that the IRS states that "if you purchase coverage in the individual Marketplace and claim the premium tax credit on your tax return, the amount of the premium reimbursed by the credit may not also be deductible."