

Marketplace Consent

Centers for Medicare & Medicaid Services (CMS) requires health insurance agents to obtain a customer's consent before helping them apply for a subsidy and/or enroll in a Marketplace Qualified Health Plan (QHP). Your consent authorizes that

(Agent Name)
and (Agency Name) has permission to assist you in the health insurance enrollment process, including:

- Search for the consumer application using approved Classic Direct Enrollment/Enhanced Direct Enrollment websites in the Marketplace
- Assist with completing an eligibility application
- Assist with plan selection and enrollment; and
- Assist with ongoing account/enrollment maintenance

Marketplace Application Privacy Notice

We are authorized to collect Personally Identifiable Information (PII) from you by CMS. Any PII we collect is used to help you enroll in a Marketplace QHP (and other related products you select, if applicable). If you choose to give us PII, we may share this information with CMS and the insurer you select. CMS will maintain this information in the federal System of Records. PII is used or disclosed only under the following circumstances: in order to provide the services (Agency Name) is designed to offer – to compare insurance plans based on

costs, benefits, and other important features; to determine eligibility for health coverage and cost-sharing reductions through HealthCare.gov; to choose a plan, and to enroll in coverage.

Providing your PII is voluntary. If you choose not to provide us with the PII requested or not to respond to certain required HealthCare.gov questions, we will not be able to help you enroll in a QHP through the Marketplace. We recommend contacting the Marketplace Call Center directly at 1-800-318- 2596 (TTY: 1-855-889-4325) for further assistance in this scenario. For more information, please review the CMS Privacy Notice on HealthCare.gov.

Authorization

I, (Client Name), acknowledge that I received the above-referenced Consumer Consent from (Agency Name) and that I have read and understand the authorization and Marketplace privacy notice. I understand that I can ask questions regarding the information included in this consent form at any time.

Client's First & Last Name:

Signature:

Date:

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