

Consumer ACA Enrollment Consent Authorization

Agency Name: _____

Address: _____

Website: _____ **Email:** _____

Telephone: _____

Submitting Agent NPN: _____

CMS requires health insurance agents obtain a customer's consent prior to helping them apply for a subsidy and/or enroll in a Marketplace Qualified Health Plan (QHP). By signing this document, you authorize the above-named agency and its associates to enroll you in a Marketplace QHP, apply for financial help & conduct online person searches on the Federal Marketplace. You have been made aware that if your information changes or you no longer need coverage, you must contact the agency via the contact information above or the marketplace directly at 800-318-2596. You authorize the agency and its associates to contact you via telephone, email or SMS text related to your enrollment. If you need to make changes to your enrollment or want to revoke consent to the above agent, you may do so via the email or phone number above. If you agree, please provide your name, date, and signature below.

Applicant First & Last Name: _____

City, State, Zip: _____

Email: _____ **Phone:** _____

2024 Modified Adjusted Gross Income (MAGI): \$ _____

Insurance Company Name & Monthly Premium: _____

Signature: _____ **Date:** _____

Marketplace Application Privacy Notice

We are authorized to collect Personally Identifiable Information (PII) from you by Centers for Medicare & Medicaid Services (CMS). Any PII we collect is used to help you enroll in a Marketplace Qualified Health Plan (QHP) (and other related products you select, if applicable).

If you choose to give us PII, this information will only be shared with CMS and the insurer at the time of enrollment. CMS will maintain this information in a federal System of Records. PII is used or disclosed only under the following circumstances: 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 or an EDE enrollment portal; to choose a plan; and to enroll in coverage.

Providing PII data is voluntary. If you choose not to provide the PII information requested, or not to respond to certain required HealthCare.gov questions, you will not be able to enroll in a QHP plan.