

Marketplace Enrollment Consumer Consent Form

Purpose:

Brokers assisting consumers to apply for and enroll in Marketplace coverage must document consumer's consent prior to accessing or updating their Marketplace information. CMS does not prescribe the manner in which brokers must document consent. There are different formats that may be acceptable for documenting consumer consent, such as via a recorded phone call, text message, email, electronic document with digital signatures, physical document with wet signatures, etc. The following consent form serves as an example for how brokers may document consent via a physical document with wet signatures.

You may tailor the form to address the needs of your specific business model in addition to meeting the CMS requirement to document consent from a consumer prior to assisting the consumer enrolling in coverage in the Marketplace. For example, you may clarify specifically who else within the Agency other than the writing Broker is able to view and use the consumer's PII to assist the writing Broker in enrolling the consumer in Marketplace coverage for compliance, commissions, or other relevant purposes as you see fit.

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I, _____ [insert name of primary household contact], give my permission to _____ [insert name of the broker or agency obtaining consumer's consent] to serve as the health insurance broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize the above-mentioned Broker to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as advance tax credits to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that the broker will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The broker will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with my broker beyond what is required on the application for eligibility and enrollment purposes, unless it is required for additional insurance options. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by contacting:

Name of Primary Writing Broker: _____

Broker National Producer Number: _____

Phone Number: _____

Email Address: _____

Name of Agency (if applicable): _____

Agency National Producer Number: _____

Owner of Agency: _____

Phone Number: _____

Email Address: _____

Name of Primary Household Contact and/or Authorized Representative: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____