



## Marketplace Enrollment Consumer Consent Form

As required by CMS, brokers, agents, and web-brokers must obtain and retain documented consent from a consumer or their authorized representative prior to assisting with enrollment in Marketplace coverage. This form meets the evidentiary standards for documenting consumer consent and outlines the scope, purpose, and duration of that consent, as well as instructions for revocation.

### Consumer Consent:

I, \_\_\_\_\_ [name of primary household contact], hereby authorize \_\_\_\_\_ [name of the broker or agency] to assist me and, if applicable, members of my household with:

- Completing eligibility and enrollment applications for Qualified Health Plans (QHPs) through the Marketplace.
- Applying for insurance affordability programs such as advance premium tax credits (APTCs) or cost-sharing reductions (CSRs).
- Providing account maintenance or responding to Marketplace inquiries related to my application.
- Accessing and using my personally identifiable information (PII) solely for the purposes listed above.
- My PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

### I understand:

I am not required to share more personal or health information than what is needed to complete the Marketplace application.

- My consent is voluntary and will remain in effect until I revoke it.
- I may revoke or modify this consent at any time by contacting the broker or agency listed below.
- Revocation must be submitted by me in writing (email or letter). Upon receipt of my revocation, the broker or agency must cease accessing or using my information immediately.

**To revoke consent, I may send written notice to the contact information below:**

Name of Primary Writing Broker: \_\_\_\_\_

National Producer Number (NPN): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

Agency NPN: \_\_\_\_\_

Agency Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Consumer or Authorized Representative Information:**

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_