## Marketplace Enrollment Consumer Consent Form

Agents, brokers, and web-brokers who assist consumers with Marketplace eligibility, enrollment, account maintenance, or applications for financial assistance must obtain and document consumer consent before providing assistance. They must also document that the consumer or authorized representative reviewed the eligibility application information and confirmed its accuracy before the application is submitted.

CMS allows consent and application review documentation to be maintained in a variety of formats, including recorded telephone conversations, text messages, emails, electronically signed documents, and written forms.

This form is provided as a model for documenting consumer consent and consumer review and confirmation of the accuracy of eligibility application information using a written signature format.

**Model Consent Verbal Script**

The following script can be used to meet the consent documentation requirements when assisting a Marketplace consumer over the phone. The conversation should be recorded where permitted under state law and producible to CMS upon request. This script must be read before providing enrollment assistance.

Agent: "Hello, my name is [say your name]. Today is [say today's date]. Who am I speaking with today?"

Agent: "Do I have your permission to create, collect, disclose, access, maintain, and store your personal information to assist you with applying for and enrolling in Marketplace coverage? This permission allows me to search for an existing Marketplace application, complete eligibility and enrollment applications, provide ongoing account maintenance and enrollment assistance, and respond to Marketplace inquiries regarding your application."

Agent: "Do you provide your consent for me to assist you with Marketplace eligibility, enrollment, account maintenance, and related Marketplace inquiries as I have described?"

Agent: "Thank you. The consent you just granted remains in effect until in effect until revoked by you. You may revoke your consent at any time by [revocation method]."

**Model Eligibility Application Review Verbal Script**

The following script may be used to satisfy the requirements for reviewing and confirming the accuracy of eligibility application information when assisting a consumer by telephone. The conversation should be recorded, where permitted by applicable state law, and maintained so it can be provided to CMS upon request. **This script must be read and the consumer's confirmation obtained before submitting the Marketplace application or enrollment.**

Agent: "Let me discuss the attestations at the end of the eligibility application. [Explain attestations]. Do you have any questions?"

Agent: "Let's review the information on your eligibility application before submission. [Review application information]. Have you reviewed the information and confirmed it is accurate?"

Agent: "Do you confirm that the information we reviewed is accurate and complete to the best of your knowledge and authorize me to submit the application?"

**Consent Form for Marketplace Agents**

I, [name of consumer or consumer's authorized representative], give my permission to [name of the person and agency who has the consumer's consent] to assist with Marketplace eligibility, enrollment, account maintenance, and related Marketplace inquiries. This authorization may be documented through recorded verbal consent, electronic signature, or written signature where permitted. Consent remains in effect until revoked by me and may be revoked by [revocation method].

By providing my consent, I authorize the above-named agent and agency to view and use confidential information, including personally identifiable information (PII), 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 and submitting an application for eligibility and enrollment in a Marketplace Qualified Health Plan (QHP) or an application for insurance affordability programs, including Medicaid, CHIP, or advance premium tax credits (APTCs);
3. Providing ongoing account maintenance and enrollment assistance, as needed; and
4. Responding to inquiries from the Marketplace regarding my application or enrollment.

I understand that the agent will not use or disclose my personally identifiable information (PII) for any purpose other than those described above. The agent will take reasonable steps to protect my PII when creating, collecting, accessing, maintaining, storing, using, or disclosing such information for the authorized purposes described above.

I understand that I am not required to provide any additional personally identifiable information (PII) or protected health information (PHI) beyond what is necessary to complete the Marketplace application and enrollment process. I understand that my consent will remain in effect until revoked by me and that I may revoke or modify my consent at any time by [method to revoke consent].

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: _____

**CMS Model Eligibility Application Review Form for Marketplace Agent**

I, [name of consumer or consumer's authorized representative], have reviewed the Marketplace eligibility application information and confirmed that it is accurate and complete to the best of my knowledge prior to submission of the application. The agent explained the attestations included in the eligibility application and provided me with an opportunity to ask questions before the application was submitted. I authorize the submission of the Marketplace application based on the information reviewed and confirmed above.

I understand that the agent will not use or disclose my personally identifiable information (PII) for any purpose other than those to which I have consented. The agent will take reasonable steps to protect my PII when creating, collecting, accessing, maintaining, storing, using, or disclosing such information for the authorized purposes described in this form.

I understand that I am not required to provide any additional personally identifiable information (PII) or protected health information (PHI) beyond what is necessary to complete the Marketplace application and enrollment process.

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: _____