## Marketplace Consent Form

l,	, give my permission to	[insert name of
the person or entity who has the co	onsumer's consent] to serve as the hea	Ith insurance agent or broker for myself
and my entire household if applica	ble, for purposes of enrollment in a Qua	alified Health Plan offered on the
Federally Facilitated Marketplace.	By consenting to this agreement, I auth	orize the above-mentioned Agent to view
and use the confidential information	on provided by me in writing, electronic	cally, or by telephone only for the
purposes of one or more of the fol	lowing:	

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

true to the best of my knowledge. I understand th	on my Marketplace eligibility and enrollment application will be hat I do not have to share additional personal information about
, , , , , , , , , , , , , , , , , , , ,	is required on the application for eligibility and enrollment
at any time by Contacting	in effect until I revoke it, and I may revoke or modify my consent . {Agent/Agency Name}
at any time by contacting	. (Agent/Agency Name)
Name of Primary Writing Agent:	

Name of Primary Writing Agent: Agent NPN: Agent Phone Number: Email Address:

Agency Name: Agency NPN: Agency Phone Number: Agency Email:

Name Account Holder and/or Authorized representative: Phone Number: Signature: Date: