Health Insurance Enrollment Assistance Authorization Form

I, _____, give my permission, or _____ [Insert name of authorized representative], my legal or authorized representative acting on my behalf ("authorized representative"), gives permission to _____ to create, collect, disclose, access, maintain, use, and/or store my personally identifiable information (PII) and/or the PII of my authorized representative, to perform the following duties:

- Inform me and/or my authorized representative about the full range of health coverage options and insurance affordability programs for which I'm eligible;
- Help me complete my application for health coverage in a Qualified Health Plan (QHP) through the Marketplace and for insurance affordability programs;
- Help me enroll in a QHP or in an insurance affordability program.

I understand that I may revoke this authorization at any time and will notify _____ if I choose to revoke my authorization.

I understand that _____ have the following responsibilities and will perform the following functions:

- _____ will inform me and/or my authorized representative about the full range of Marketplace health coverage options and insurance affordability programs for which I'm eligible, will help me apply for health coverage in a QHP through the Marketplace and for insurance affordability programs, and will help me enroll in a QHP or in an insurance affordability program.
- _____ will inform me of any possible conflicts of interest they might have.
- _____ can choose or recommend a health insurance plan for me.
- _____ is required to act in my best interest.
- _____ will follow privacy and information security standards when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII and/or the PII of my authorized representative.
- _____ aren't expected or required to maintain or store any of my PII and/or the PII of my authorized representative, other than this authorization form, but if _____ do maintain or store my PII, they will follow privacy and information security standards.
- I and/or my authorized representative do not need to provide _____ contact information, unless I want _____ to follow-up with me on applying for or enrolling into coverage. My consent to follow-up is given by providing my phone number(s) and/or e-mail address below.
- I and/or my authorized representative don't have to give _____ more information than I and/or my authorized representative choose to provide.
- The assistance _____ provide is based only on the information I and/or my authorized representative provide, and if the information provided is inaccurate or

incomplete, _____ may not be able to provide all the assistance available for my situation.

- If _____ are unable to assist me and/or my authorized representative, they will refer me or my authorized representative to another person who can help me or to the appropriate call center.
- _____ won't charge me and/or my authorized representative a fee for any assistance provided.

Please sign and date the form:

_____
Signature of Consumer / Consumer's Legal or Authorized Representative (P*lease circle a status to indicate whether you're the consumer or the consumer's representative*)

_____
Date

_____
Phone Number for Phone Calls and Voicemail

_____
Phone Number that can Receive Text messages (*If different*)

_____
E-Mail Address

I DO / DO NOT (P*lease circle a status to indicate your contact preferences*) expressly consent to _____ contacting me at the cellular / landline telephone number and email address indicated on this form via telephone or automated voice/text message to present information and reminders related to the health care and enabling services provided by _____ , health-related products or services including health insurance coverage programs, case management or care coordination, or to direct or recommend alternative/supplementary treatments, therapies, services, health care providers, or settings of care.