This model form is intended for informational purposes. This form can be personalized by an agent, broker, web-broker or agency intending to utilize the form to collect and document consumer consent, as well as consumer review and confirmation of the accuracy of eligibility application information.

CMS Model Consent Form for Marketplace Agents, Brokers, Web-brokers, and Agencies

I, _____ [insert name of consumer or consumer's authorized representative], give my permission to _____ [insert name of the person or entity who has the consumer's consent] to serve as the health insurance agent or broker for myself and my entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally-facilitated Marketplace/State-based Marketplace on the Federal Platform. By providing my consent, I authorize the above-mentioned (pick applicable and delete the rest: agent/broker/web-broker/agency) to view and use the 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 an application for eligibility and enrollment in a Marketplace Qualified Health Plan or an application for government insurance affordability programs, such as Medicaid and CHIP or advance payments of the premium tax credit 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 (pick applicable and delete the rest: agent/broker/web-broker/agency) will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The (pick one and delete the rest: agent/broker/web-broker/agency) will ensure that my PII is protected when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the stated purposes above.

I understand that I do not have to share additional PII or protected health information (PHI) with my (pick one and delete the rest: agent/broker/web-broker/agency) beyond what is required on the Marketplace application for eligibility and enrollment purposes. I understand that my consent remains in effect until [insert duration of consent], and I may revoke or modify my consent at any time by _ [insert method to revoke consent].

Name of Primary Writing Agent/Broker/Web-broker: _____
Agent 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: _____

CMS Model Eligibility Application Review Form for Marketplace Agents, Brokers, Web-brokers, and Agencies

I, _____ [insert name of consumer or consumer's authorized representative], have reviewed the Marketplace eligibility application information and confirmed its accuracy prior to the application being submitted. The (pick one and delete the rest: agent/broker/web-broker) explained the attestations at the end of the eligibility application to me prior to the application being submitted and I was given an opportunity to ask questions about them.

I understand that the (pick applicable and delete the rest: agent/broker/web-broker/agency) will not use or share my personally identifiable information (PII) for any purposes other than those to which I consented. The (pick applicable and delete the rest: agent/broker/web-broker/agency) will ensure that my PII is kept private and safe when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the purposes I consented to. I understand that I do not have to share additional PII or protected health information (PHI) with my (pick applicable and delete the rest: agent/broker/web-broker/agency) beyond what is required on the Marketplace application for eligibility and enrollment purposes.

Name of Primary Writing Agent/Broker/Web-broker: _____
Agent 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: _____