

MARKETPLACE ASSISTANCE CONSENT FORM

Licensed agents play a key role in the Health Insurance Marketplace (Marketplace) by providing consumers with expert guidance on plan options in their local area while assisting with everything from comparing costs and coverage to apply for financial assistance. The purpose of this form is to obtain consent from you, the client, so that our agents can perform the following tasks:

- Conduct an online person search in the Marketplace system
- Access online Marketplace account
- Assist with completing an eligibility application
- Assist with plan selection and enrollment
- Assist with ongoing account/enrollment maintenance

Center for Medicaid and Medicare Services (CMS) and the Health Insurance Marketplace do not prescribe a standard format or process for obtaining or maintaining the consumer's consent prior to providing Marketplace assistance, so our agency created this Consent Form to satisfy this requirement. Securing consent is the most effective way to protect both the consumer and the agent in case of a disagreement or dispute. At minimum, this consent form acknowledges that the agent has informed the client of the functions and responsibilities that apply to the agent's role in the Marketplace (see bullet points above). CMS does not specify an automatic expiration date for the consent because it could become burdensome for anyone consistently seeking services from the same agent to have to repeatedly renew the consent. Therefore, this consent form may last indefinitely, unless the client revokes it. Per CMS recommendation, this consent form will be appropriately secured and retained for 10 years.

By signing the line below, I acknowledge that I have been informed of the functions and responsibilities that apply to the agent's role in the Marketplace, and give the Jacoby Insurance Group agent listed below permission to perform these tasks:

Consenter's Signature _____
Date

Print Name

Agent Signature _____
Date

Print Name

