



Zoo City FINANCIAL

CMS Consent and Authorization

****Effective Date:**** July 26, 2024

1. Consent to Assist and Accuracy of Information: I consent to receive assistance with health insurance options through this service and affirm that all information I provide, including income details, is accurate and true to the best of my knowledge.

2. Agent of Record Authorization: I explicitly consent to appoint Marchelle Knight, NPN 17717477, as my agent of record, authorizing them to access the healthcare marketplace via third party EDE (Enhanced Direct Enrollment), change my agent of record, inquire about plans, respond, and make updates on my behalf.

3. Agent Authority and Account Review: I acknowledge that my agent, as the agent of record, has the authority to complete tasks and inform me about my account. I understand that my agent may periodically review my account for required documentation and assume control to inform me if changes are made by another agent.

4. Review of Options and No Obligation: I will have the opportunity to review and confirm my plan selection before finalization. This consent does not obligate me to purchase any insurance product.

5. Privacy Acknowledgment: My personal information will be used solely for health insurance assistance and protected as per privacy laws.

6. Consent to Contact and Revocation of Authorization: I consent to be contacted via SMS/MMS messaging, phone calls, and emails for the fulfillment of my needs, customer care, and submitting further requests. I am aware that I can revoke these authorizations at any time in writing via email [as a reply to any emails sent from this company] or text message [as a reply to any text messages sent from this company], or verbally during a phone call [You may call us at the number we text or call you from. May vary by location.].