

Health Insurance Marketplace Consumer Consent

I, _____ give my permission to **Yvonne Thomas NPN 10079374** 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. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information 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 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. I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by contacting the Agent in writing.

Consent Limitations: _____

I attest that:

1. I have reviewed and verified that the eligibility application is accurate
2. I will file a tax return in 2024 for 2023. If I am married, I will file a joint tax return.
3. I will claim a personal exemption deduction on my 2023 federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through the Marketplace.
4. I also understand that when I file my 2023 federal income tax return, the Internal Revenue Service (IRS) will compare eligibility information for 2023 to what I reported on my Marketplace application, including the household income on my tax return with the household income on my application. I understand changes in eligibility information could affect eligibility for the premium tax credit. If the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

Name	Address	Phone	Email
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Consumer (Tax Filer) or Authorized Representative* Signature and Signature Date:

Printed Name Signature Signature Date

Spouse Printed Name Spouse Signature Spouse Signature Date

*Name and Relationship of Authorized Representative:

(Name) _____
(Relationship) _____