



Consumer Informed Consent for help enrolling in the FFM (Federally Facilitated Marketplace) in Missouri

To be sure you are making an informed decision to provide your personal information to **Zimmerman Benefits** to help you with understanding your health coverage options and completing an application for health coverage through the Marketplace, **Zimmerman Benefits** would like to ensure you fully understand the following things before asking you to sign the Consent Form giving your permission for help.

1. **Zimmerman Benefits** will help me learn about my health coverage options.
2. **Zimmerman Benefits** will not choose a health plan for me.
3. **Zimmerman Benefits** will keep my personal information private and secure.
4. **Zimmerman Benefits** should not store my personal information except for limited reasons, such as taking my name and phone number when arranging for an appointment for me to meet with a broker, or keeping a copy of my Consent Form. **Zimmerman Benefits** will make sure that any stored information is kept private and secure.
5. **Zimmerman Benefits** will need to see and use my personal information in order to do their job as a broker and help me in applying for health coverage. It is my responsibility to provide accurate information.
6. **Zimmerman Benefits** should not keep anything with my personal information included on it after our meeting is over, other than a copy of my Consent Form.
7. **Zimmerman Benefits** is required to be knowledgeable about health insurance available in the Marketplace, as well as other health coverage like Medicaid and CHIP.
8. I understand that nothing requires me to share information with **Zimmerman Benefits**.
9. **Zimmerman Benefits** will help me based on the information that I provide.
10. **Zimmerman Benefits** will help me understand my health insurance options in the language I speak/understand, or will refer me to other assistance that is able to provide information in the language I speak/understand.
11. **Zimmerman Benefits** will not charge me any additional fees for this service. All services are included in the premium of my health plan.
12. **Zimmerman Benefits** will provide me with a copy of my Consent Form and this Cover Sheet, once complete.
13. I can cancel my consent at any time.



Zimmerman Benefits

Health Life Disability Critical Illness

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Zimmerman Benefits
1314 Jeffco Blvd #465
Arnold, MO 63010
636.336.6646

I, _____, give my permission, or _____, my legal or Marketplace authorized representative acting on my behalf (“authorized representative”), gives his/her permission to **Zimmerman Benefits** to inform me and/or my authorized representative about my health coverage options in the Marketplace to help me apply for and enroll in health coverage through the Marketplace if I choose to do so, and/or to help with a grievance, complaint, or question about my health plan, coverage, or a determination under such a plan or coverage. I understand that in giving this consent, that **Zimmerman Benefits** will need to see or use some of my personally identifiable information in order to provide this assistance.

In this consent form:

- whenever it says “me” or “my”, “me” or “my” includes my authorized representative if I have one.
- personally identifiable information is called “PII.”
- health plans available through the Marketplace are called Qualified Health Plans or “QHPs”.

I understand that:

- **Zimmerman Benefits** will help me to the best of his or her ability by telling me about the full range of QHP options and insurance affordability programs for which I may be eligible, and will help me with grievances, complaints, or questions about my health plan, coverage, or a determination under such a plan or coverage, if I want that help.
- **Zimmerman Benefits** can’t choose a health insurance plan for me.
- **Zimmerman Benefits** will make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII and/or the PII of my authorized representative.
- **Zimmerman Benefits** should not maintain or store any of my PII and/or the PII of my authorized representative, other than this consent form. **Zimmerman Benefits** will make sure that any stored PII is kept private and secure.
- **Zimmerman Benefits** may create, collect, disclose access, maintain, store, and/or use my PII, and/or the PII of my authorized representative, only in order to perform the duties of a broker, and may not re-use that PII for any other purposes.



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- **Zimmerman Benefits** must also maintain expertise in eligibility, enrollment, and program specifications for QHPs and insurance affordability programs. **Zimmerman Benefits** should not need to collect, handle, disclose, access, maintain, store and/or use my PII, and/or the PII of my authorized representative for these functions. If **Zimmerman Benefits** does collect, handle, disclose, access, maintain, store and/or use my PII, and/or the PII of my authorized representative, for this function, **Zimmerman Benefits** will keep that PII private and secure.
- I and/or my authorized representative don't have to provide **Zimmerman Benefits** with more information than I and/or my authorized representative choose to provide.
- The help **Zimmerman Benefits** provides is based only on the information I or my authorized representative provide, and if the information given is inaccurate or incomplete, **Zimmerman Benefits** may not be able to offer all the help that is available for my situation.
- If **Zimmerman Benefits** can't help me due to a lack of translation services, lack of expertise, or some other barrier, he or she will refer me to another broker or in-person assistance personnel, or the federal Marketplace Call Center, who can meet my specific needs.
- CMS expects that **Zimmerman Benefits** will not charge me a fee for any help provided.

I may cancel my consent in writing at any time and will notify **Zimmerman Benefits** if I choose to cancel my consent. I understand that once I have signed this consent form, I can expect **Zimmerman Benefits** to help me without asking me to sign another consent form.

Please sign and date the form:

- **Consumer/Consumer's Legal or**
- **Marketplace Authorized Representative Signature (Please also check one of these to show if you are the consumer or the consumer's representative.)**

Name: _____ Signature: _____

Date: _____ Phone or email: _____