

ACA Client Consent Form

I, _____ [primary household contact], give my permission to
Julie Myers _____ [name of the primary agent] 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 purpose 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 via phone or email.

Primary Contact: _____

Phone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

Primary Writing Agent: Julie Myers

Agent NPN: 8589129

Phone Number: 636.489.2770

Email Address: Julie@MyTCBenefits.com

Agent Signature: _____ **Date:** _____



Eligibility Application Attestation

Authorized Licensed Sales Agent: Julie Myers

I, _____ (name of primary household contact), have reviewed the eligibility application details with my agent and attest to the following:

- The details provided in the eligibility application are accurate, and I have provided true answers to all the questions to the best of my knowledge.
- I have been provided an explanation of the attestations at the end of the eligibility application.

Eligibility Application Attestations*- Select all that apply:

- If anyone on this application enrolls in Medicaid, I am giving the Medicaid agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving the Medicaid agency rights to pursue and get medical support from a spouse or parent.
- If a child on this application has a parent living outside of the home, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I may not have to cooperate.
- I know that I must tell the program I'll be enrolled in if the information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the **Marketplace Call Center at 1(800) 318-2596**. I know a change in my information could affect eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted based on race, color, nationality, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).
- I know that information on this form will be used only to determine eligibility for health coverage, help paying for coverage (if requested), and for lawful purposes of the Marketplace and programs that help pay for coverage.
- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

**The attestations may be some or all the above listed statements and will vary depending on the eligibility determinations of each consumer.*

Consumer or Authorized Representative Signature and Signature Date:

Signature: _____ Date: _____

If you are the authorized representative, please sign above and print below:

Name: _____ Date: _____

