Marketplace Consent Form

Leslie S. McMillian // leslie@lsminsurance.net // 919.271.6898 // secure portal

Please fill this form out, save, then upload it to our secure document portal.

The Centers for Medicare and Medicaid Services requires Agents to document consumer consent for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize Agent LESLIE S MCMILLAN, NC License # 2191889, to view and use the confidential information that I provided (via written, electronic, or telephone) only for the purposes of one or more of the following:

Please initial the sections you agree to discuss with the agent:

	Searching for an existing Marketplace application
	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
	Providing ongoing account maintenance and enrollment assistance, up to and including termination, as necessary
	Responding to inquiries from the Marketplace regarding my Marketplace application

Customer Information *(all fields required)*	
Applicant:	Phone:
Address:	
Email:	

Electronic Signature

I, Applicant, authorize LESLIE S MCMILLAN, NC License # 2191889, licensed and authorized agent for Healthcare.Gov to act as my representative. 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 for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and that I may revoke or modify my consent at any time by submitting written request to the Agent listed above.

Full Name (Digital Signature): _____

☐ I am filling this out on behalf of someone as an Authorized Representative

Relationship to Applicant: _____

Today's Date: _____

☐ I understand by typing my name, it will act as my electronic signature. I have read and understand the contents of the Marketplace Consent Form.

This authorization will remain in place until rescinded by the member or authorized representative.

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To be Completed by Agent	
Initial method of contact:	
Agent signature:	Date:
List plan(s) represented during this meeting:	