**CONSENT FOR BROKER ASSISTANCE**

Name of Primary Contact and/ or Authorized Representative:

Phone number: |Email:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,give my permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to provide the following services** on behalf of myself, and my entire household if applicable.

* Search for an existing Marketplace application;
* Completing an application for eligibility and enrollment in a Marketplace Qualified Health plan or government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace Premiums or enrollment in off-exchange insurance products as applicable;
* Providing ongoing account maintenance and enrollment assistance, as necessary; or
* Responding to inquiries from the Marketplace regarding my Marketplace application.

**I understand that the agent and/ or their staff will not share my personally identifiable information (PII)** and they will ensure that my PII is kept private and safe when collecting, storing, and using my information 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 my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time.**  I understand that the requests must be made in writing, either by sending the request via certified mail to the address below or via email to [paris@laughlinagency.com](mailto:paris@laughlinagency.com)

**Name of Primary Writing Agent:**

**Agent National Producer Number**:

**Phone number:** (503) 282-0827

**Email:**

**Name of agency:** Laughlin Insurance

**Agent National Producer Number**: 100159973

**Owner of Agency**: Paris Laughlin

**Phone number**: (503) 282-0827

**Email**: paris@laughlinagency.com

**Name of Primary Household Contact and/ or Authorized Representative:**

**Signature:**

**Date:**

**Disclosure:** The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This consent form does not supersede any State or Federal Agent of Record, Broker of record, or other form required by QHP issuer.