

# Consumer Consent Form

## Elite Insurance Associates, LLC

This form acknowledges that you, the consumer, have been informed of the functions and responsibilities that apply to my role in the marketplace while assisting you with the application and enrollment process.

Your signature indicates that you have given permission to Elite Insurance Associates, LLC and/or the agent assisting you to perform the following functions:

- 1) *conduct an online person search while assisting in the marketplace*
- 2) *assist with completing an eligibility application*
- 3) *assist with plan selection and enrollment*
- 4) *assist with ongoing account/enrollment maintenance*

If there are data discrepancies that need to be verified by the marketplace and you wish the agent to assist, you may be asked to contact the marketplace and give approval for the agent to assist for a period of time, not to exceed one year.

***This form will be kept in your file, according to CMS guidelines, for up to 10 years and must be updated annually for CMS compliance. This consent may also be revoked at any time by email or phone communications.***

*By signing this form, I give consent for communications that may include emails, phone calls or text communications regarding my marketplace plan and information that could impact my enrollment.*

Client Name: \_\_\_\_\_

Client Phone Number: (\_\_\_\_) \_\_\_\_\_ Client Email: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Elite Insurance Associates*