



Consent Form for Marketplace Insurance Agents and Brokers

Name of insurance agency: _____
 Owner of agency: _____
 Owner phone: _____
 Owner email address: _____

Name of primary writing agent/broker: _____
 Agent/broker National Producer Number (NPN): _____
 Agent/broker phone: _____
 Agent/broker email address: _____

Name of primary applicant and/or authorized representative (*first, middle, last*): _____
 Primary applicant date of birth: _____
 Primary applicant phone: _____
 Primary applicant email address: _____

I give my permission to the Agent/Broker listed above 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 through the Oregon Health Insurance Marketplace. By consenting to this agreement, I authorize the above-mentioned Agent/Broker 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:

- 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 Oregon Health Plan (Medicaid/CHIP) or advance tax credits to help pay for Marketplace premiums;
- 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/Broker will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent/Broker 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/Broker beyond what is required on the application for eligibility and enrollment purposes.

I understand that my consent remains in effect until I revoke it. I may revoke or modify my consent at any time by emailing or calling the Agent/Broker, agency or agency owner listed below.

Applicant signature: _____ Date: _____