

Signature of Consumer

## Consent Form For help enrolling in the Missouri Health Insurance Marketplace

Agent/Navigator Name:	
I,, give my permission to use the services of agent/navigator to help my application on the Health Insurance Marketplace. To help me, the agent/navigator may need to see/u	ise my
Personally Identifiable Information (PII). The agent/navigator will only use my PII to do their work. This in-	cludes:
<ul> <li>Telling me about all of my health insurance options on the Marketplace and other health program eligible for, such as Medicaid and CHIP, in a fair and truthful way.</li> </ul>	ıs I am
<ul> <li>Telling me about all programs I might be eligible for that can help me lower my costs (tax credits sharing reductions).</li> </ul>	or cost-
<ul> <li>Helping me complete my application for health insurance on the Marketplace in these ways:</li> <li>Helping me set up an email account, if needed, so I can apply on the Marketplace. The agent/navigator will not keep my passwords/username.</li> </ul>	
<ul> <li>Helping me sign up for a health insurance plan on the Marketplace.</li> </ul>	
<ul> <li>Helping me with any complaints or questions I may have about my health insurance application of eligibility.</li> </ul>	r
<ul> <li>The agent/navigator will do his/her best to tell me about all of my health insurance options and finhelp on the Marketplace.</li> </ul>	nancial
• The agent/navigator will not choose a health insurance plan for me.	
<ul> <li>The agent/navigator will make sure that my PII is kept private and safe when collecting, storing, a my PII and my authorized representative's PII to apply on the Marketplace.</li> </ul>	and using
<ul> <li>I do not have to give any information to the agent/navigator. This means I do not have to share p information about myself or my health.</li> </ul>	ersonal
<ul> <li>The agent/navigator gives help based on the information that I give. If the information I give is no complete, the agent/navigator may not be able to help in all the ways that he/she can.</li> </ul>	t true or
I,, confirm that the information I provide on my Health Insurance	ı
Marketplace application will be true to the best of my knowledge. I also agree that the agent/navigator he has explained that I have a legal responsibility to report the required information for myself and all the far members who are applying.	lping me
Signature of Consumer Date Phone Number (optional)	
Agreement to Pay Annual Health Insurance Marketplace Application Fee:	
I,, understand that the annual \$100 health insurance Marketplace	application
fee is non-refundable and will not apply toward my health insurance premium.	

Date