Patriot BENEFITS

Consumer Authorization Form

The Department of Health and Human Services requires licensed sales agents to obtain consumer consent prior to providing assistance to Marketplace consumers. By signing this form, you acknowledge that the agent has informed you of the functions and responsibilities of agents in the Marketplace, and grant permission to the authorized licensed sales agent to conduct the following activities:

- ✓ Conduct a search for the consumer application through the Marketplace
- ✓ Assist with completing an eligibility application
- ✓ Assist with plan selection and enrollment
- ✓ Assist with ongoing account/enrollment maintenance

Authorized Licensed Sales Agent: Cecilia (Cj) Martin

I,_____, give my permission to Patriot Benefits Group to create, collect, disclose, access, maintain, store, and/or use my Personal Identifiable Information (PII) in order to carry out the roles and responsibilities of a licensed sales agent. I understand that Patriot Benefits Group might need to create, collect, disclose, access, maintain, store, and/or use some of my PII in order to provide this assistance.

Exceptions or Limitations to Consent

I understand that I can revoke, limit, or otherwise change the consents I provide through this form at any time. If I don't make any limitations, exceptions, or changes to my consents now, I can still do so at any time in the future by notifying Patriot Benefits Group . I make the following exceptions, limitations, or changes:

_____

_____

_____

I understand that:

1. I don't have to provide Patriot Benefits Group with any information that I do not want to provide. However, the help Patriot Benefits Group provides is based only on the information I provide, and if the information given is inaccurate or incomplete, Patriot Benefits Group may not be able to offer all the help that is available for my situation.
2. Patriot Benefits Group should ask me to provide only the minimum amount of my PII that is necessary to help me.
3. Patriot Benefits Group must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. Patriot Benefits Group must follow the privacy and information security standards that apply to them.
4. If I give my contact information when signing this form, my general consent includes permission for Patriot Benefits Group to follow up with me about applying for or enrolling into coverage after my first meeting with them.
5. Once I have signed this authorization form, I can expect Patriot Benefits Group to help me without asking for another authorization form.

Consumer or Authorized Representative Signature and Signature Date:

_____ _____

Signature Signature Date

If you are the authorized representative, please sign above and print below:

_____ _____

Representative's Name Your Relationship to the Consumer

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