

Insurance Options of the Carolinas, Inc.

Health Insurance Marketplace Enrollment and Assistance Authorization Form

I. Acknowledgment of Roles and Responsibilities of my agent

I have been informed about and understand the roles and responsibilities set forth and have been given the opportunity to discuss them with Insurance Options of the Carolinas.

II. Definitions and Explanations of Terms Used in This Form

In this authorization form:

- The words “I,” “me,” or “my” include my authorized representative if I have one.
- Personally identifiable information is called “PII.” Examples of my PII include, but are not limited to my name, phone number, email address, home address, immigration status, income, and household size information.
- Health plans available through the Marketplace are called Qualified Health Plans or “QHPs.”
- Other programs called “insurance affordability programs” are also available through the Marketplace. These programs can help me or my family pay for health coverage, and include public programs, such as Medicaid or the Children’s Health Insurance Program (CHIP), premium tax credits, cost-sharing reductions.

III. Authorizations General Consent

I give my permission to Insurance Options of the Carolinas to create, collect, disclose, access, maintain, store, and/or use my PII in order to carry out the roles and responsibilities of an agent that are authorized by federal regulation and generally summarized in Attachment A. I also allow the look up of past and present applications to help prevent duplicate applications.

1. Telling me about the full range of QHP options and insurance affordability programs for which I may be eligible, which includes: providing me with fair, accurate, and impartial information that assists me with submitting a Marketplace eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping me make informed decisions during the health coverage selection process. I understand that Insurance Options of the Carolinas might need to ask about and keep notes on my health coverage needs in order to help me.
2. Helping me to apply for health coverage through the Marketplace, enroll in a QHP and/or affordability program.
3. Ensuring that information provided is accessible for me if I have disabilities. If Insurance Options of the Carolinas can’t provide me with my accessibility needs, Insurance Options of the Carolinas must refer me to the federal Marketplace Call Center, who can meet my

specific needs. I understand that Insurance Options of the Carolinas might need to ask about and keep notes on any supports and services I need and might need to disclose my information to other Insurance Options of the Carolinas Agents in order to help me.

4. Providing me with this form and storing a signed copy of it.

IV. Additional Information I understand that:

1. I don't have to provide Insurance Options of the Carolinas with any information that I do not want to provide. However, the help Insurance Options of the Carolinas provides is based only on the information I provide, and if the information given is inaccurate or incomplete, Insurance Options of the Carolinas may not be able to offer all the help that is available for my situation.
2. Insurance Options of the Carolinas should ask me to provide only the minimum amount of my PII that is necessary to help me.
3. Insurance Options of the Carolinas must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. Insurance Options of the Carolinas 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 Insurance Options of the Carolinas 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 Insurance Options of the Carolinas to help me without asking me to sign another authorization form.
6. Insurance Options of the Carolinas should provide me with a copy of my Authorization Form, once complete.

Signature _____ Date _____

Name _____

Ways I agree to be contacted:

By mail at _____

By email at _____

By phone at _____

By text message at _____

Attachment A: Roles and Responsibilities of Insurance Options of the Carolinas Agents

1. Insurance Options of the Carolinas will tell me about the full range of qualified health plan (QHP) options and insurance affordability programs for which I may be eligible, which includes: providing me with fair, accurate, and impartial information that assists me with submitting a Marketplace eligibility application; clarifying the distinctions among health coverage options and helping me make informed decisions during the health coverage selection process.
2. Insurance Options of the Carolinas is allowed to assist in enrolling me into a plan on the Health Insurance Marketplace through a Private Partner Website also known as Direct Enrollment.
3. Insurance Options of the Carolinas is authorized to collect the information for enrollment and any supporting documentation including social Security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act.
4. Insurance Options of the Carolinas needs the information provided to determine eligibility for enrollment in a QHP or Insurance affordability programs (such as CHIP, Medicaid, advanced payment of the premium tax credits, and cost sharing reductions).
5. I understand that providing the requested information (including social security numbers) is voluntary, failing to provide it may delay or prevent my ability to obtain health insurance coverage through the Marketplace, advanced payment of the premium tax credits, cost sharing reductions. If I don't provide correct information to Insurance Options of the Carolinas or knowingly and willfully provide false or fraudulent information, I may be subject to a penalty and other law enforcement action.
6. Insurance Options of the Carolinas must meet all state and QHP licensing requirements when providing services to me.