



Consumer Assistance Consent Form

I request assistance with quotes and/or enrollment in the Federally Facilitated Marketplace (FFM), Small Business Health Options Program (SHOP), and/or other individual or group insurance from FFM-certified, state of Tennessee licensed agent, Mark D. Fessenden/FCG, Inc.

If I seek assistance, I am asking Mark D. Fessenden to become my agent of record and to receive any commissions (or other compensation) given by the issuing insurance company (or companies) and to act on my behalf when helping with questions within the FFM, billing, claims and/or other normal agent activities.

I will provide information (including Personally Identifiable Information - PII) for use with the FFM, or insurance companies, in order to secure his help as my agent when I enroll in a marketplace, individual or SHOP, or other insurance program.

During the enrollment process at healthcare.gov, there is a questions is asked such as “Another person, or agent is helping me complete my application”. Enter the agent information below as prompted:

Name: Mark Douglas Fessenden

Select: Agent or Broker

Organization Name: FCG, Inc.

FFM: G00D1STHEENEMYT0GRE@T ←these are zeroes NOT capital O's

National Producer Number (NPN): 5943499

I wish to place the following limitations on FCG/Mark D. Fessenden's scope of authorization:

I also acknowledge that I have read the FCG/Mark D. Fessenden Consumer Assistance Consent Form

I understand I may revoke any part of this authorization at any time upon written request to FCG/Mark D. Fessenden. I also understand that I may limit the PII disclosures upon written request to FCG and Mark D. Fessenden. Requests should be mailed to:

Mark D. Fessenden,
Fessenden Consulting Group, Inc.
555 Marriott Drive, Suite 250,
Nashville, Tennessee 37214

Consumer Printed Name: _____

Consumer Signature: _____

Date: _____



FCG, Inc. Privacy Statement Notice

FCG/Mark D. Fessenden, is authorized to collect Personally Identifiable Information (PII) from me, and my dependents, and my employees to help with acquiring health insurance (acting as my agent). For all Marketplaces, including the Federally-facilitated Marketplace (FFM), and Small Business Health Options Program (SHOP), the definition for PII is information that can be used to distinguish or trace an individual's identity, alone, or when combined with other personal or identifying information that is linked or linkable to a specific individual. Examples of PII include, but is not limited to, name, social security numbers, dates of birth, addresses, phone numbers, healthcare providers, prescription drugs and other information used in assisting as an agent in securing my health (and other) insurance through insurance companies and/or within the Federally Facilitated Marketplace (FFM). My PII will only be used to carry out insurance placement and FFM functions on my behalf. The PII requested will be minimal and as necessary to carry out agent (FCG/Mark D. Fessenden) responsibilities and functions.

It is my option NOT to allow and use of my PII for insurance and/or FFM activities, however limiting, or not allowing, PII to be disclosed MAY prevent me from enrolling in the FFM and/or insurance I am seeking.

The help provided by my agent, FCG and Mark D. Fessenden, is based upon information I provide for myself and/or dependents.

FCG/Mark D. Fessenden transmits and stores PII in a secure and encrypted environment per ACA, FFM, HIPAA and HITECH standards.

I understand I may revoke any part of this authorization at any time upon written request to FCG/Mark D. Fessenden. I also understand that I may limit the PII disclosures upon written request to FCG and Mark D. Fessenden. Requests should be mailed to:

Mark D. Fessenden,
Fessenden Consulting Group, Inc.
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