



# TIGER INSURANCE AGENCY

## CONSUMER CONSENT FORM

<b>Agent Name:</b>	<b>License Number:</b>
<b>Agent Phone Number:</b>	<b>E-mail:</b>

**PLEASE NOTE: Consumers may sign this consent form themselves, or may choose to have a legal guardian, personal representative, or other delegated representative sign it. Personal or other delegated representatives must be able to present appropriate legal documentation of this role. Consent is valid until revoked or changed to another agent or agency.**

I, \_\_\_\_\_, give my permission, or \_\_\_\_\_, my legal or Marketplace authorized representative acting on my behalf (“authorized representative”), gives his/her permission to the above mentioned agent to inform me and/or my authorized representative about my health coverage options in the Marketplace/Medicaid to help me apply for and enroll in health coverage through the Marketplace/Medicaid if I choose to do so, and/or to help with a grievance, complaint, or question about my health plan, coverage, or a determination under such a plan or coverage. I understand that in giving this consent that the above agent will need to see or use some of my personally identifiable information (PII) in order to provide this assistance.

**I understand that:**

- The above mentioned agent will help me to the best of his or her ability by telling me about the full range of Qualified Health Plan (QHP) options and insurance affordability programs for which I may be eligible and assist me with completing my application for enrollment and enrolling in a QHP through the Marketplace or other insurance affordability programs; and will help me with grievances, complaints, or questions about my health plan, coverage, or a determination under such a plan or coverage, if I want that help.
  - The above mentioned agent can't choose a health insurance plan for me.
  - The above mentioned agent will inform me of any possible conflict of interest they may have.
  - The above mentioned agent will make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII and/or the PII of my authorized representative. My PII will only be used for the purposes of assisting with Marketplace decisions and eligibility determinations, grievances, and complaints and will not be used to discriminate against me.
  - I and/or my authorized representative don't have to provide the above mentioned Agent with more information than I and/or my authorized representative choose to provide.
  - The above mentioned agent will not charge me a fee for any help provided.
  - All federal and state privacy standards have been followed to protect my PII, and that the standards will be monitored and reviewed for compliance throughout the year. If I have questions about specific privacy measures, I may contact the Arkansas Insurance Department at the number or address below.
  - I may revoke my consent at any time by contacting Tiger Insurance Agency.
- **I give consent for Tiger Insurance Agency to send me informative emails:    Yes    No**

Print \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_