

Client Consent to Assist with Health Coverage

Maine Health Insurance Marketplace (CoverME.gov) and other health coverage

Before I can look up plans, help with an application, or talk to CoverME.gov or an insurance company for you, Maine's Marketplace and federal rules require your written consent. This form says who I am, what you are allowing me to do, what information I will handle, how long it lasts, and how to cancel it. Please read it, fill in the boxes, and sign at the end. Keep a copy.

1. Who you are giving consent to

Broker name	Agency
National Producer Number (NPN)	Maine license number
Address	Phone • Email

2. Your information

Your full name	Date of birth
Home address (street, town, ZIP)	Mailing address, if different
Phone	Email
Best way and time to reach you	Preferred language, if not English

Other people in your household who may be covered or whose information is needed for the application:

Name	Date of birth	Relationship to you
Name	Date of birth	Relationship to you
Name	Date of birth	Relationship to you

3. What you are allowing me to do (tick each one you agree to)

- ☐ Search for and compare health, dental and vision plans for me and my household, and explain the choices.
- ☐ Help me apply for coverage and for financial help (advance premium tax credits and cost-sharing reductions) through CoverME.gov, including starting, completing, submitting and updating my application, and help with a MaineCare (Medicaid) or CHIP referral if I qualify.
- ☐ Enroll me in, renew, or change a plan I have chosen, and act as my agent of record with the insurance company.
- ☐ Talk to CoverME.gov, insurance companies and MaineCare about my application, my coverage, my bills and my notices, and receive copies of notices about them.
- ☐ Help with other health coverage I ask about (for example a plan bought directly from an insurer, or a small-group plan), on the same terms.

What I will never do: create a CoverME.gov account for you, log into your account, or use your password. Your account is yours. I will never sign an application for you, and I will go over every application with you before it is submitted (see section 6).

4. The information I will handle, and how I protect it

To do the things above I may collect, keep and share: your name, address, phone and email; dates of birth; Social Security numbers of people applying; citizenship or immigration documents; household size and income (pay stubs, tax returns, benefit letters); current coverage and employer coverage offers; and health plan and claims information needed to help you.

- I use it only for the purposes you ticked in section 3, and only with CoverME.gov, MaineCare and the insurance companies involved in your coverage.
- I do not sell it, and I do not share it with anyone else unless you ask me to in writing or the law requires it.
- I keep it secured, and I keep this consent form and the records of what I did for you for at least 10 years, as the Marketplace rules require (Maine's rule is 6 years after your consent ends; federal rules say 10).
- You may ask me at any time what I have on file for you, and to correct it.
- You can limit what I do: cross out anything in section 3 you do not agree to, and write any limits here:

Limits (optional)

5. How long this lasts, and how to cancel it

This consent starts on the date you sign it and lasts **until you cancel it**. I will ask you to confirm it at each annual renewal, and I will ask again before any new kind of help. You can cancel at any time, for any reason, by telling me in writing (email, text or letter to the contact details in section 1) or by telling me in person; it takes effect as soon as I receive it. Cancelling does not undo anything already done with your permission, and it never affects your coverage.

6. Application review (signed on the day each application is submitted)

Marketplace rules require that you review your application and confirm it is correct before it is sent. Sign here each time an application is submitted on your behalf. If you cannot be present, you will receive the application to review and confirm in writing.

Date reviewed	Application for (names)	Client initials	Broker initials
Date reviewed	Application for (names)	Client initials	Broker initials
Date reviewed	Application for (names)	Client initials	Broker initials

By initialling, you confirm that: the information on the application is true and complete to the best of your knowledge; it was read to you or you read it; and the statements at the end of the application (about reporting changes, income, and who is applying) were explained to you and you agree to them.

7. Signatures

By signing, you confirm that you have read this form (or had it read to you), that your answers are true, and that you are giving this consent freely. If you are signing for someone else, you confirm that you are their legally authorized representative.

Client signature	Printed name	Date
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Authorized representative signature (if any)	Printed name and relationship	Date

Broker signature	Printed name	Date

Not legal, tax or medical advice. This form records your permission; it does not enroll you in anything by itself. Plan choices, prices and financial help are decided by CoverME.gov and the insurance company, not by this form. You will get a copy of everything submitted for you.

Form CC-1 · for the broker's file: client ID _____ · consent received ____/____/____ · stored in York on ____/____/____