



Health Insurance Advisors

### CONSENT FORM FOR ASSISTING WITH APPLICATION/ENROLLMENT

I authorize for \_\_\_\_\_, the agents at PMG Agency, may assist me with my Marketplace Application by:

- Conducting an online search to find and/or create my Marketplace Application
- Assist with completing my Marketplace Application
- Assist with plan selection and enrollment
- Assist with any ongoing account/enrollment maintenance throughout 2023, including uploading any necessary documents to my Marketplace Application

I understand that the agents will:

- Make sure that my PII is kept private and safe
- Help me with any complaints or questions I may have about my health insurance application or eligibility
- Do his/her best to tell me about all of my health insurance options
- **NOT** choose a health insurance plan for me
- Help based on the information that I give them. My Eligibility Results are a result of the information I provide

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_