GEORGIA ACCESS

Consumer Consent Form for Georgia Access Agents

Consumer Name: _____

Consumer Phone:_____ **Consumer Email:**_____

Agent/Agency Name: _____ **NPN:** _____

Agent/Agency Phone: _____ **Agent/Agency Email:** _____

I give permission to the above-mentioned agent/agency to serve as the health insurance agent for myself and my entire household if applicable, for enrollment in a Qualified Health Plan offered on the Georgia State-based Exchange (Georgia Access). By consenting to this agreement, I authorize the above-mentioned agent/agency to view and use the confidential information, including personally identifiable information (PII), provided by me in writing, electronically, or by telephone only for the purpose of one or more of the following:

1. I give permission to access my information for the purpose of helping me complete an application for eligibility and enrollment in a Qualified Health Plan or other insurance affordability programs, such as Medicaid and PeachCare for Kids® (CHIP) or advance premium tax credits to help pay for insurance premiums.

   I understand that the agent/agency may search for and access my existing Georgia Access application, submit my completed application for review by Georgia Access, provide ongoing account maintenance, enrollment assistance, and respond to inquiries from Georgia Access regarding my application. I authorize the agent/agency to do so on my behalf.

   _____ _____
   Primary Household Contact/Authorized Representative **Date**

2. I understand that the agent/agency will not use or share my personally identifiable information (PII) for any purposes other than those authorized through this consent. The agent/agency will ensure that my PII is protected when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the stated purposes above.

   I understand that I am not required to share additional PII or protected health information (PHI) with the agent/agency beyond what is required for eligibility and enrollment purposes.

   _____ _____
   Primary Household Contact/Authorized Representative **Date**

3. I confirm that I have reviewed my Georgia Access eligibility application before submission and that the information provided is accurate to the best of my knowledge. I understand the attestations and disclaimers included in my exchange application and was given the opportunity to ask questions before submission.

   _____ _____
   Primary Household Contact/Authorized Representative **Date**

4. I understand that any financial help I receive from the federal government through Advance Premium Tax Credits (APTCs) is connected to my taxes. I understand I may owe taxes, or receive more tax credits, if my income for the year

is different than what I estimated. I agree to file federal income taxes (jointly if married) and report the amount of Advance Premium Tax Credits received on my tax return for any year I have federal financial help to lower premium costs. ****This applies only to individuals who receive financial help.***

Primary Household Contact/Authorized Representative	**Date**

5. I understand the plan(s) I am being enrolled in and agree that I wish to enroll in the selected plan(s). I understand that I may terminate my plan at any time either within the Georgia Access portal, a certified partner portal, or by calling the Georgia Access contact center at 1-888-687-1503.

Primary Household Contact/Authorized Representative	**Date**

Consent Duration: This consent form is valid for up to one (1) year from the date of the last signature provided above, unless it is revoked or replaced earlier by the consumer.

Optional: I give the agent only **[ ] OR** agent and any member of their agency **[ ]** permission to assist me in maintaining my information and changing my plans in the future without requiring consent. I understand that I am not obligated to provide this consent, but if I do not, I will need to document a new consent every time I require future assistance from my agent.

Primary Household Contact/Authorized Representative	**Date**