



CMS Consent Form for Marketplace Agents and Brokers

	primary household contact, give my permission to
ا, _ Nic	primary household contact, give my permission to ck Jawad of American Insurance & Financial Advisors, LLC to serve as the health insurance
	ent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified
_	alth Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize
	e above-mentioned Agent to view and use the confidential information provided by me in writing,
	ectronically, or by telephone only for the purposes of one or more of the following:
CIC	ictionically, or by telephone only for the purposes of one of more of the following.
1.	Searching for an existing Marketplace application;
2.	Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other
	government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help
	pay for Marketplace premiums;
3.	Providing ongoing account maintenance and enrollment assistance, as necessary; or
4.	Responding to inquiries from the Marketplace regarding my Marketplace application.
٦.	Responding to inquiries from the Marketplace regarding my Marketplace application.
l u	nderstand that the Agent will not use or share my personally identifiable information (PII) for any purposes
oth	ner than those listed above. The Agent will ensure that my PII is kept private and safe when collecting,
sto	oring, and using my PII for the stated purposes above.
	onfirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be
	e to the best of my knowledge. I understand that I do not have to share additional personal information
	out myself or my health with my Agent beyond what is required on the application for eligibility and
	rollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or
IIIC	odify my consent at any time by
Na	me of Primary Writing Agent: Nick Jawad Agent National Producer Number: 706143
	one Number: 813-340-1275 Email Address: nickjawad@aifausa.com
PIII	one Number: 013-340-1275 Email Address. Mickjawad@anadsa.com
	me of Agency: <u>American Insuranc</u> e & Financial Advisors, LLC
Ow	vner of Agency : Nick Jawad & Rebecca Jawad Phone Number: 813-340-1275
Em	nail Address: nickjawad@aifausa.com Agency National Producer Number: 18623175
Na	me of Primary Household Contact and/or Authorized Representative:
	one Number: Email Address:
Sig	gnature: Date: