By signing this form, I give my permission to Consumers for Affordable Health Care (CAHC) to create, collect, disclose, access, maintain, use, and/or store my personally identifiable information (PII) to carry out functions and duties of a Certified Application Counselor Organization. These duties may include:

- Telling me or my authorized representative about the full range of Marketplace health coverage options and insurance affordability programs for which I’m eligible.
- Helping me complete my application for health coverage in a Qualified Health Plan (QHP) through the Marketplace and for insurance affordability programs, including follow-up assistance.
- Helping me to enroll in a Qualified Health Plan or in an insurance affordability program.

I also understand I may revoke this consent at any time by calling Emily Brostek at 207-622-7083.

I understand that certified application counselors at CAHC will assist me as follows:

- CAHC will tell me or my authorized representative about the full range of Marketplace health coverage options and insurance affordability programs for which I’m eligible.
- CAHC will help me apply for health coverage in a QHP through the Marketplace and for insurance affordability programs, including follow-up assistance.
- CAHC will help me enroll in a QHP or in an insurance affordability program.
- CAHC will tell me about any possible conflicts of interest they might have.
- CAHC can’t choose a health insurance plan for me.
- CAHC is required to act in my best interest.
- CAHC will follow privacy and information security standards when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII or the PII of my authorized representative.
- CAHC is not expected or required to keep or store any of my PII and/or the PII of my authorized representative, other than this authorization form. But if
CAHC does keep or store my PII, they will follow privacy and information security standards.

- I and/or my authorized representative do not need to give CAHC contact information, unless I want CAHC to follow-up with me on applying for or enrolling into coverage.
- I and/or my authorized representative don’t have to give CAHC more information than I and/or my authorized representative choose to provide.
- The assistance CAHC provides is based only on the information I and/or my authorized representative provide. If the information I provide is inaccurate or incomplete, CAHC may not be able to give me all the help available for my situation.
- If CAHC is unable to help me and/or my authorized representative, they will refer me or my authorized representative to another person who can help me (a Navigator or other Marketplace-authorized assistance personnel), or to the Marketplace call center.
- CAHC won’t charge me and/or my authorized representative a fee for any assistance provided.

Print your full name here

If you have an authorized representative, please print their full name here

Sign here: ____________________________________________
(Your Authorized Representative may sign on your behalf)

Today’s Date (month/day/year)

Phone number and email address for follow-up

I want my consent to end on _____ Month _____ Date _____ Year.
If I leave this blank my consent will end in one year.

Return to:
Consumers for Affordable Health Care
PO Box 2490
Augusta, ME 04338-2490
207-622-7083
Fax: 1-888-214-5233