Client Information

PLEASE LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF COVERAGE NEEDS

	Individual	**Spouse**
Name		
Address		
City/ Zip code		
Phone #		
Email		
Date of Birth		
SS#		
Sex:	Female or Male	Female or Male
Tobacco:	Yes or No	Yes or No
Need Coverage:	Yes or No	Yes or No
Preferred Method of Communication	☐ Text ☐ Email ☐ Call	☐ Text ☐ Email ☐ Call

Questions or Comments?

Individual Income Section

EMPLOYER		AMOUNT	FREQUENCY		
Name:	Phone:	$	Weekly ☐	Monthly ☐	Yearly ☐
Name:	Phone:	$	Weekly ☐	Monthly ☐	Yearly ☐
Name:	Phone:	$	Weekly ☐	Monthly ☐	Yearly ☐

If self-employed deduct expenses from total. If you are a W-2 employee, use your gross earnings before taxes. Not your take home pay.

Other Income Sources

- ☐ Social Security $____________
- ☐ Retirement $______________
- ☐ Unemployment $___________
- ☐ Capital Gains $__________
- ☐ Investments $___________
- ☐ Alimony $____________
- ☐ Other Taxable Income $_______________

Spouse Income Section

EMPLOYER		AMOUNT	FREQUENCY		
Name:	Phone:	$	Weekly ☐	Monthly ☐	Yearly ☐
Name:	Phone:	$	Weekly ☐	Monthly ☐	Yearly ☐
Name:	Phone:	$	Weekly ☐	Monthly ☐	Yearly ☐

If self-employed deduct expenses from total. If you are a W-2 employee, use your gross earnings before taxes. Not your take home pay.

Other Income Sources

- ☐ Social Security $____________
- ☐ Retirement $______________
- ☐ Unemployment $___________
- ☐ Capital Gains $__________
- ☐ Investments $___________
- ☐ Alimony $____________
- ☐ Other Taxable Income $_______________

Dependents

Sex (F or M)	Name	DOB	SS #	Claimed on Taxes	Needs Coverage	Covered by Medicaid
				Yes No	Yes No	Yes No
				Yes No	Yes No	Yes No
				Yes No	Yes No	Yes No
				Yes No	Yes No	Yes No
				Yes No	Yes No	Yes No
				Yes No	Yes No	Yes No

Are any household dependents earning income over $5,000 per calendar year? *(If yes, please list first name, name of employer, and amount of earnings)*____

____

Are any household members ineligible or terminated from Medicaid in the last 6 months?
*(If yes, list date & first names of family members)*______________________________________

____

Are any household members Native American and/or a member of a federally recognized tribe?
*(If yes, list the family member's name, ID number and name of tribal affiliation)*_________________

____

Are all household members US citizen? *(If no, please list family member's name and current status)*

____

Are any household members naturalized citizens? *(If yes, please list the family member's name)*

____

Which type of appointment do you prefer?

(Please check one type of appointment)

Phone Meeting ***Video Meeting***

By signing below, I attest that the information above is accurate and complete to the best of my knowledge. I further understand if any of the above information is incorrect or should change while I have insurance policies/tax credits in force, it is my responsibility to notify this agency/agent of such changes. Failure to do so that results in the cancellation of my policy, tax credits, or repayment of tax credits through my federal tax return is not the responsibility of The Benefit Partners, Inc., DBA Senior Insurance & Retirement Advisors, and its licensed agents.

Signature:____ ***Date:***____________________

Authorization, Consent & Disclosure Form
In Federally-Facilitated Marketplace for the State of Nebraska

Designated Insurance Agency:
The Benefit Partners Inc.
DBA: Senior Insurance & Retirement Advisors
1713 1st Avenue, Scottsbluff, NE 69361

Designated Certified Marketplace Agent:
Mardee Downing Bice #8759470
Phone: 308-436-9314
Email: mardee@seniorira.com

I, ________________________________, give my permission, or ___________________________ **(optional)**
(print your name) **(print name of alternate person)**

authorized representative, my legal or Marketplace authorized representative acting on my behalf ("authorized representative"), gives permission to **Mardee Downing Bice, Certified Marketplace Agent with the Benefit Partners Inc. – DBA Senior Insurance & Retirement Advisors** to create, collect, disclose, access, maintain, use, and/or store my personally identifiable information (PII) and/or the PII of my authorized representative, to perform the following duties of a Certified Marketplace Agent:

(Read/initial each statement below)

______ Inform me and/or my authorized representative about the full range of Marketplace health coverage options and insurance affordability programs for which I'm eligible;

______ Help me complete my application for health coverage in a Qualified Health Plan (QHP) through the Marketplace and for insurance affordability programs;

______ Help me enroll in a QHP or in an insurance affordability program.

______ I understand that I may revoke this authorization at any time and will notify in writing **Mardee Downing Bice, Certified Marketplace Agent with the Benefit Partners Inc. – DBA Senior Insurance & Retirement** if I choose to revoke my authorization.

I further understand **that Mardee Downing Bice, Certified Marketplace Agent with the Benefit Partners Inc. – DBA Senior Insurance & Retirement Advisors** have the following responsibilities and will perform the following functions:

______ inform me of any possible conflicts of interest they might have.

______ have the license and authority to advise and counsel me and/or my authorized representative regarding all health insurance plans on the Federally-Facilitated Marketplace for the State of Nebraska

______ is required to act in my best interest.

______ will follow privacy and information security standards when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII and/or the PII of my authorized representative. Information about these standards will be provided.

______ aren't expected or required to maintain or store any of my PII and/or the PII of me and/or my authorized representative, other than this authorization form, but if the above-mentioned Designated Certified Agent and/or Agency do maintain or store my PII, they will follow privacy and information security standards.

______ I and/or my authorized representative don't have to give above-mentioned Designated Certified Agent and/or Agency more information than I and/or my authorized representative choose to provide.

______ the assistance the above-mentioned Designated Certified Agent and/or Agency provides is based only on the information I and/or my authorized representative provide, and if the information provided is inaccurate or incomplete, above-mentioned Designated Certified Agent and/or Agency may not be able to provide all the assistance available for my situation to the best of her/their ability and will not be responsible for any negative outcomes (loss or reduction of tax credit, loss of insurance coverage or tax credit repayment on tax return) as a result of failing to provide accurate and complete information at the time of enrollment and throughout the coverage year.

______ above-mentioned Designated Certified Agent and/or Agency are not responsible for any negative outcomes (loss or reduction of tax credit, loss of insurance coverage or tax credit repayment on individual's tax return) as a result of failing to follow direction, counsel or guidance given to me and/or my authorized representative.

______ above-mentioned Designated Certified Agent and/or Agency are unable to assist me and/or my authorized representative, due to unforeseen circumstances, they will refer me and/or my authorized representative to the Exchange call center.

______ above mentioned Designated Certified Agent and/or Agency reserve the right to discontinue assisting I and/or my authorized representative at any time in the enrollment period and upcoming coverage year, if I/or my authorized representative fail to meet responsibilities of updating personal information as it changes, fail to pay insurance premiums in a timely manner or furnish documents requested by the Federally Facilitated Marketplace by deadlines given. The Designated Certified Agent and/or Agency will immediately notify and refer me and/or my authorized representative to the Exchange call center for further assistance.

______ above-mentioned Designated Certified Agent and/or Agency will not charge me and/or my authorized representative a fee for any assistance provided.

Please sign and date the form:

____

Signature of Consumer/Consumer's Legal or Marketplace Authorized Representative
(please circle corresponding identity)

Date: ___________________________

Privacy Notice Statement

Why did you give me this notice?

We are legally required to give you this notice by applicable law and our agreement with the federal government. **We respect your personal information and want to fully understand how we may us and share your information. Please read it carefully and ask the assigned agent if you have any questions.**

We must collect certain information about you, called **Personally Identifiable Information** (PII) in order to help you complete your application for health insurance on the **Federally-Facilitated Marketplace** (or Exchange) (FFM). PII is information that can be used to identify you or trace your identity. This Notice explains how Senior Insurance & Retirement Advisors, may collect, use and share the information we have collected on the green information sheet for the sole purpose of assisting you with the following:

-Helping with your application for insurance
-Advising you on insurance benefits that best fit your needs and concerns
-Answering questions about your eligibility with Medica and the Federal Marketplace
-Providing information about your coverage options, insurance affordability programs & assistance in enrolling in a qualified health plan
-Correcting errors in your application or errors generated by the FFM or Medica
-Future customer service questions with Medica in solving billing, network or coverage issues.
-Future direction, instruction and guidance with the Federal Marketplace.

We will use only the information that we need in order to help you obtain health insurance through the FFM and to provide Authorized Functions approved by the FFM, or other service as permitted under applicable law.

We may only share your information as described in this notice. We may share your information with certain Federal or State agencies, the health insurance issuer that you select or subcontractors that help us to provide services to you. We must get your permission to share your information for any other purpose that is not described in this notice.

To successfully enroll in a **Qualified Health Plan** (QHP) or otherwise facilitate your receipt of **Advance Premium Tax Credits** (APTC) or **Cost-Sharing Reductions** (CSR's), certain personal information may be required. This is voluntary and not mandatory under applicable law however if you do not share this information with us, you may not be able to enroll in a QHP on the FFM. If an individual chooses not to provide certain personal information in the course of enrolling or receiving assistance in enrolling in a QHP on the FFM, the accuracy of any individual's enrollment in a QHP, or receipt of APTC's or CSR's may be compromised and/or invalid.

We are required to keep your information safe. We have developed privacy and security policies that we must follow to make sure that we protect your personal information.

Legal Authority for Collection of PII – *Agents, Brokers, and other Entities (ABE's) have been granted the legal authority to collect this information by Section 1312(e) of the Affordable Care Act (ACA), which required that the Secretary of the US Department of Health and Human Services establish procedures under which ABE's may participate in the Federally-facilitated Marketplace (or Exchange). ABE's are further permitted by federal regulation (45 C.F.R. 155.220) to enroll individual(s) in applying for enrollment, Advance Payments of the Premium Tax Credits (APTC's) and Cost-Sharing Reductions (CSR's) to the extent permitted to do so under State law and regulation.*

I acknowledge that I read, fully understand and upon my request received a copy of this Privacy notice on the _______ day of ______________________, 20_____.

DocuSigned by:
Mardee Downing Bice
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Client(s)

Principal/Agent - Senior Insurance & Retirement Advisor