Consumer Consent Form

Health Insurance Marketplace (ACA / Obamacare) · HealthCare.gov

How to use this form: 1) Fill in Section 1. 2) Read Section 2. 3) Sign and date Section 4. 4) Send it to **consent@urmyinsurance.com**. The agent and agency sections are already filled in.

1. Primary applicant

Full name *(As it appears on your legal documents)*

Date of birth (MM/DD/YYYY)

Phone number

Email address

Authorized representative (if applicable)

Do you currently have an active health plan? ☐ Yes ☐ No

If yes, with which company?

2. Authorization

I, the primary applicant identified in Section 1, give my permission to **UR MyInsurance Advisors LLC (d/b/a UR MyInsurance)** and its agent **Reinaldo Ugarte Rangel** ("the Agent") to serve as the health insurance agent or broker for myself and my entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally-facilitated Marketplace (HealthCare.gov).

I authorize the Agent to view and use the confidential information, including personally identifiable information (PII), provided by me in writing, electronically or by telephone, **only** for one or more of the following purposes:

- Searching for an existing Marketplace application.
- Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan, or for government insurance affordability programs such as Medicaid, CHIP or advance payments of the premium tax credit.
- Providing ongoing account maintenance and enrollment assistance, as necessary.
- Responding to inquiries from the Marketplace regarding my application.

I understand that the Agent will not use or share my PII for any other purpose, and will protect it when collecting, storing and using it. I confirm that the information I provide for my application will be true to the best of my knowledge.

I understand that I do not have to share additional PII or health information beyond what the application requires. My consent remains in effect until I revoke it. I may revoke or modify it at any time by calling (888) 844-4131 or emailing consent@urmyinsurance.com.

3. Your agent and agency

AGENT

Primary writing agent	**Reinaldo Ugarte Rangel**
Agent NPN	**21175504**
Phone	**(888) 844-4131**
Email	**reinaldou@urmyinsurance.com**

AGENCY

Agency	**UR MyInsurance Advisors LLC (d/b/a UR MyInsurance)**
Agency NPN	**22337748**
Owner of agency	**Reinaldo Ugarte Rangel**
Phone	**(888) 844-4131**
Email	**Service@urmyinsurance.com**

4. Signature

Signature of primary applicant or authorized representative

Date (MM/DD/YYYY)

You can sign by hand (print, sign, then take a photo or scan it) or sign on your phone or computer.

Where do I send it?

Email the signed form to **consent@urmyinsurance.com** with the subject "ACA Consent". Please do **not** include your Social Security number, immigration documents or medical information in the email; if we need them, we will ask for them securely.