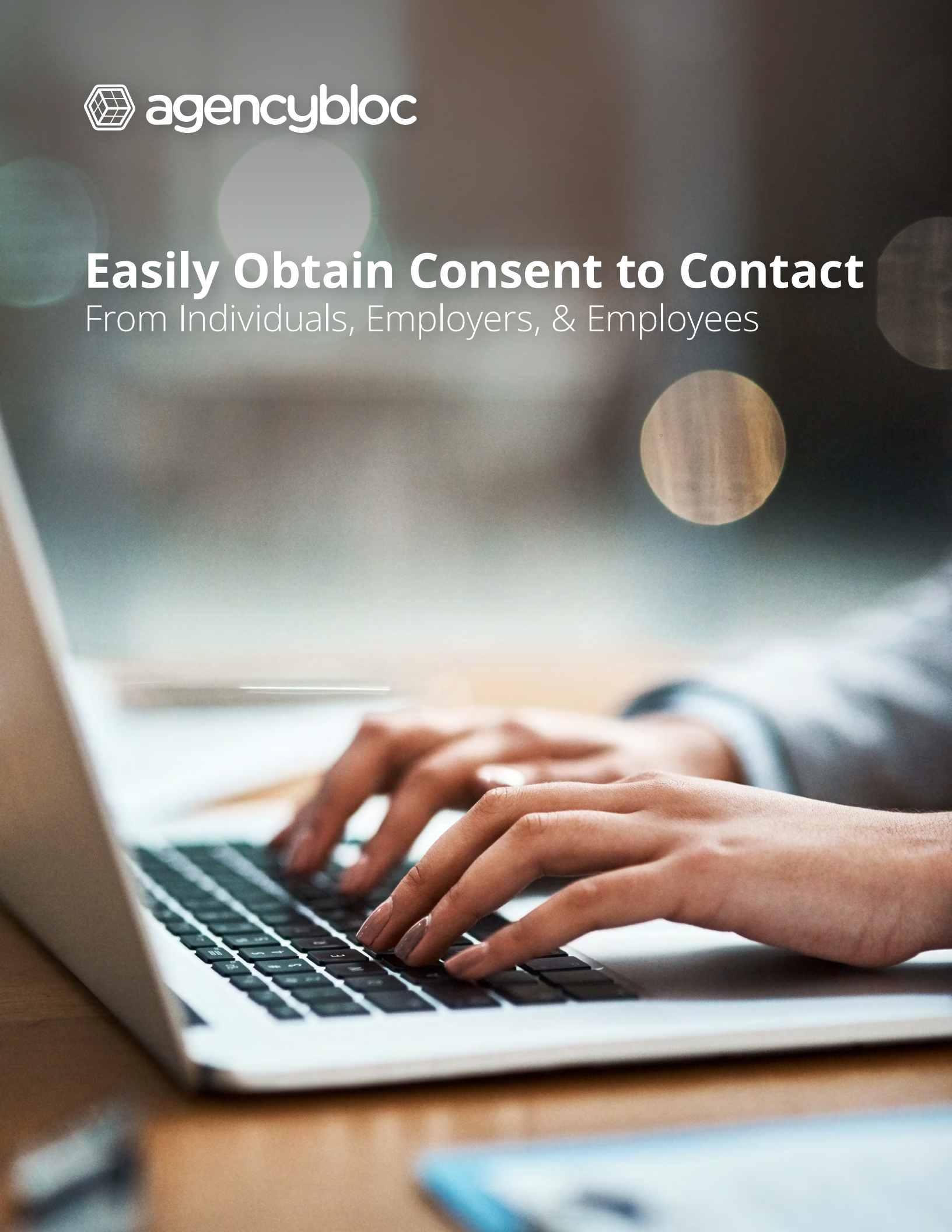




Easily Obtain Consent to Contact

From Individuals, Employers, & Employees



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[The Centers for Medicare & Medicaid Services \(CMS\) Understanding Marketplace Compliance Rules & Regulations presentation](#) laid out additional requirements for life and health insurance brokers to obtain consent to contact before assisting with Marketplace plans.

The consent to contact guidelines include: “Agents and brokers should only make updates to a consumer’s application or policy at the direction of the consumer. The Marketplace standards of conduct specify that agents and brokers must obtain the consent of an individual, employer, or employee prior to providing assistance to Marketplace consumers. This includes but is not limited to:

- Conducting a search for consumer applications using an approved Classic Direct Enrollment (DE) or Enhanced Direct Enrollment (EDE) website.
- Helping the consumer apply for Marketplace coverage or financial assistance or enrolling the consumer in a Marketplace-qualified health plan (QHP).
- Checking the status of the consumer’s coverage and making updates throughout the year via HealthCare.gov, approved DE or EDE websites, and/or the Marketplace Call Center.”

The top action items life and health insurance agents need to consider are:

1. Brokers can obtain consent verbally (i.e., on a recorded line), electronically (i.e., via email), or in person. It is best practice to record consent either verbally, electronically, or through a signed form.
2. The record of consent should include their name (individual or name of their employer), the date they gave consent, and the name of the agent(s)/broker(s) to whom the consent was given.
3. The record of consent does not expire except at the request of the individual, employer, or employee. However, obtained records must be securely stored and accessible for a minimum of ten (10) years.

In this PDF, we’ll provide your team with the tools to obtain consent from your prospects and clients. These tools include:

- Workflow recipes to ensure consent is obtained
- Email templates to send and request consent
- A downloadable, fillable PDF form your agency can link to in communications (it’s best practice to host the form where you can link to it, i.e., Dropbox, Google Drive, Sharefile, etc.)

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PRO TIP: [AgencyBloc is the #1 Agency Recommended Management Platform for health and life insurance agencies.](#) Agencies utilize AgencyBloc's industry-specific platform to house all their client data, including essential documents like consent to contact records.

Variable Data Fields

Variable data fields are special fields that populate with information from records in your AMS or CRM. For example, names, email addresses, and policy information. Variable data is useful when you want to send your recipients information that is unique to each person, such as contract numbers or policy numbers.

AgencyBloc variable data fields used in these templates:

[IndFirstName]	Individual's First Name (<i>Client or Prospect</i>)
[IndLastName]	Individual's Last Name (<i>Client or Prospect</i>)
[PolAORFirstName]	Servicing Agent's First Name
[PolAORLastName]	Servicing Agent's Last Name
[AOREmail]	Servicing Agent's Email Address
[AORCellPhone]	Servicing Agent's Cell Phone Number
[AORNPN]	Servicing Agent's NPN
[BusinessName]	Business / Agency Name

In some email templates, you will notice information styled [\[like this\]](#). That indicates an area where you would need to manually enter information that cannot be handled with variable data.

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Consent to Contact Workflow Recipes & Email Templates

New Prospect

The regulations cover all individuals, employers, and employees regardless if they're a current client or a prospect. Leverage AgencyBloc's [Automated Workflow](#) tool to ensure you obtain their consent! Here's an example workflow you can use:

Trigger: Individual's status updates to ***Needs Consent***

Filter: Individual's type = Prospect

Actions:

- **Day 0:** Send a welcome email **with a link to the consent form**
- **Day 3:** Create a task for the agent to reach out and check in on the consent
- **Day 7:** Create a task for the agent to reach out and check in on the consent

Once the prospect has filled out the form and returned it, attach it to their client profile for easy access.

Email Template to Obtain Consent

Hi [IndFirstName],

I'm glad we could connect, and I'm excited to work with you! Before we get started, I have to obtain your consent to work with us. Please take a moment to review and sign our consent to contact form: [\[LINK TO FORM\]](#).

By signing this form, you are giving me permission to do the following:

- Search for your existing Marketplace application;
- Complete 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;
- Provide ongoing account maintenance and enrollment assistance, as necessary; or
- Respond to inquiries from the Marketplace regarding your Marketplace application.

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Once you have reviewed and signed the form, please send the completed form to [AOREmail].

I appreciate you taking the time to complete this form, and I look forward to helping you find the coverage you need.

[PoLAORFirstName] [PoLAORLastName]
[BusinessName]

Existing Client

Ensure that your existing clients have signed the consent to contact form and are ready to go. Leverage AgencyBloc's [Automated Workflow](#) tool once again. Here's an example workflow you can use:

Trigger: Individual's status updates to *Needs Consent*

Filter: Individual's type = Active

Actions:

- **Day 0:** Send an email **with a link to the consent form**
- **Day 3:** Create a task for the agent to reach out and check in on the consent
- **Day 7:** Create a task for the agent to reach out and check in on the consent

Once the client has signed the consent to contact form, their status can be updated to **Active** and the workflow will end. As soon as they send their signed form, securely attach the form to their client profile to ensure compliance and accessibility.

Email Template to Obtain Consent

Hi [IndFirstName],

It's been great serving you! Recently, new guidelines have been put into place that state I must obtain consent from you to continue working with you. Please take a moment to review and sign our consent to contact form: [\[LINK TO FORM\]](#).

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By signing this form, you are giving me permission to do the following:

- Search for your existing Marketplace application;
- Complete 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;
- Provide ongoing account maintenance and enrollment assistance, as necessary; or
- Respond to inquiries from the Marketplace regarding your Marketplace application.

Once you have reviewed and signed the form, please send the completed form to [\[AOREmail\]](#).

I appreciate you taking the time to complete this form, and I look forward to working with you.

[\[PoIAORFirstName\]](#) [\[PoIAORLastName\]](#)
[\[BusinessName\]](#)

Fillable Consent to Contact PDF Form

Use the form on the next page to obtain consent from your new and existing qualifying Marketplace clients. Note: If you only want to print the form, select page 7 when printing.

Consent Form for Marketplace Agents and Brokers

I _____ give my permission to _____ 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. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or 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.

I understand that the Agent will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by contacting _____.

Name of Primary Writing Agent:
Agent National Producer Number:
Phone Number:
Email Address:

Name of Agency (if applicable):
Agency National Producer Number:
Owner of Agency:
Phone Number:
Email Address:

Name of Primary Household Contact and/or Authorized Representative:
Phone Number:
Email Address:
Signature:
Date: