

FCG, Inc. Consumer Authorization Form

The Department of Health and Human Services requires licensed sales agents to obtain consumer consent prior to providing assistance to Marketplace consumers. By signing this form, you acknowledge that the agent has informed you of the functions and responsibilities of agents in the Marketplace, and grant permission to the authorized licensed sales agent to conduct the following activities:

- ✓ Conduct a search for the consumer application through the Marketplace
- ✓ Assist with completing an eligibility application
- ✓ Assist with plan selection and enrollment
- ✓ Assist with ongoing account/enrollment maintenance

Authorized Licensed Sales Agent: Mark D. Fessenden/FCG, Inc.

I, _____, give my permission to Mark D. Fessenden/FCG, to create, collect, disclose, access, maintain, store, and/or use my PII in order to carry out the roles and responsibilities of a licensed sales agent. I understand that Mark D. Fessenden/FCG, might need to create, collect, disclose, access, maintain, store, and/or use some of my PII in order to provide this assistance.

Exceptions or Limitations to Consent

I understand that I can revoke, limit, or otherwise change the consents I provide through this form at any time. If I don't make any limitations, exceptions, or changes to my consents now, I can still do so at any time in the future by notifying Mark D. Fessenden/FCG, . I make the following exceptions, limitations, or changes:

I understand that:

1. I don't have to provide Mark D. Fessenden/FCG, with any information that I do not want to provide. However, the help Mark D. Fessenden/FCG, provides is based only on the information I provide, and if the information given is inaccurate or incomplete, Mark D. Fessenden/FCG, may not be able to offer all the help that is available for my situation.
Mark D. Fessenden/FCG, should ask me to provide only the minimum amount of my PII that is necessary to help me.
2. Mark D. Fessenden/FCG, Inc. must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. Mark D. Fessenden/FCG, must follow the privacy and information security standards that apply to them.
3. If I give my contact information when signing this form, my general consent includes permission for Mark D. Fessenden/FCG, to follow up with me about applying for or enrolling into coverage after my first meeting with them.
4. Once I have signed this authorization form, I can expect Mark D. Fessenden/FCG, to help me without asking me to sign another authorization form.

Consumer or Authorized Representative Signature and Signature Date:

Signature

Signature Date

If you are the authorized representative, please sign above and print below:

Representative's Name

Your Relationship to the Consumer



FCG, Inc. Privacy Statement Notice

FCG/Mark D. Fessenden, is authorized to collect Personally Identifiable Information (PII) from me, and my dependents, and my employees to help with acquiring health insurance (acting as my agent). For all Marketplaces, including the Federally-facilitated Marketplace (FFM), and Small Business Health Options Program (SHOP), the definition for PII is information that can be used to distinguish or trace an individual's identity, alone, or when combined with other personal or identifying information that is linked or linkable to a specific individual. Examples of PII include, but is not limited to, name, social security numbers, dates of birth, addresses, phone numbers, healthcare providers, prescription drugs and other information used in assisting as an agent in securing my health (and other) insurance through insurance companies and/or within the Federally Facilitated Marketplace (FFM). My PII will only be used to carry out insurance placement and FFM functions on my behalf. The PII requested will be minimal and as necessary to carry out agent (FCG/Mark D. Fessenden) responsibilities and functions.

It is my option NOT to allow and use of my PII for insurance and/or FFM activities, however limiting, or not allowing, PII to be disclosed MAY prevent me from enrolling in the FFM and/or insurance I am seeking.

The help provided by my agent, FCG and Mark D. Fessenden, is based upon information I provide for myself and/or dependents.

FCG/Mark D. Fessenden transmits and stores PII in a secure and encrypted environment per ACA, FFM, HIPAA and HITECH standards.

I understand I may revoke any part of this authorization at any time upon written request to FCG/Mark D. Fessenden. I also understand that I may limit the PII disclosures upon written request to FCG and Mark D. Fessenden. Requests should be mailed to:

Mark D. Fessenden,
Fessenden Consulting Group, Inc.
555 Marriott Drive, Suite 250,
Nashville, Tennessee 37214.

Consumer Printed Name: _____

Consumer Signature: _____

Date: _____