

CMS Model Consent Form for Marketplace Agents and Brokers

I, _____ [insert name of primary household contact], give my permission to Kelly L. Rector 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 emailing my agent at the address below.

Name of Primary Writing Agent: Kelly L. Rector
Agent National Producer Number: 5058809
Phone Number: 636-887-4700
Email Address: kelly@dtdinsurance.com

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

Marketplace Tax Credit Questionnaire

Individuals that meet certain criteria may be eligible to receive assistance with advanced tax credits to help pay the cost of premiums. If you would like to see if you qualify for these credits, please answer the questions below.

1. Do you have medical insurance available to you through your employer or your spouse's employer?

YES or NO

If Yes, how much does the employer charge per month for employee and dependents?

Employee Cost _____ **Spousal Cost** _____ **Child Cost** _____

2. Are you married?

YES or NO

3. Will you be filing a joint tax return with your spouse in 2025?

YES or NO

4. How many children/tax dependents will you claim on your 2025 taxes?

2025 Income Estimate Worksheet

To be completed for entire household for anyone **required** to file a tax return, even if they are waiving coverage. Note- most “children” are not required to file unless they make over approximately \$14,600 for 2024 (2025 projection is \$15,000 but hasn’t been released yet) of earned income and/or a combination with unearned income. Speak with your accountant or tax preparer to confirm the 2025 amounts.

Federal Taxable Wages (from your job) _____

Tips _____

Self-Employment Income _____
(Include net self-employment income you expect, what you will make minus business expenses)

Unemployment Compensation _____

Social Security _____
(Include both taxable and non-taxable and enter the full amount before any deductions)

Social Security Disability Income (SSDI) _____
(Do NOT include Supplemental Security Income (SSI))

Retirement or Pension Income _____
(Include most IRA and 401K withdrawals. Do not include qualified distributions from a Roth)

Alimony _____
(Generally-If divorce/separation was finalized before 2019)

Capital Gains _____

Investment Income _____
(Include expected interest and dividends earned on investments, including tax exempt interest)

Rental and Royalty Income _____
(Use net rental and royalty income)

Excluded (untaxed) Foreign Income _____

TOTAL _____

The following do not need to be included: Child Support, SSI, Qualified Distributions from a designated Roth, Gifts, Veterans Disability Payments, Workers Compensation, Proceeds from Loans