

## Marketplace Consent/Change Form

**First and Last Name**

**Phone**

**Email**

**Address**

**City**

**State**

**Zip**

I give my permission to Amber Insurance Agency and/or David Amber to provide the following services on behalf of myself, and my entire household if applicable for the following.

1. Search for an existing Marketplace application.
2. Complete an application for eligibility and enrollment in a marketplace Qualified Health Plan or government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace Premiums or enrollment in off-exchange insurance products as applicable.
3. Provide ongoing account maintenance, enrollment assistance, and respond to inquiries from the Marketplace regarding my Marketplace application as necessary.
4. I understand that Amber Insurance Agency, and/or David Amber will not share my personally identifiable information (PII) and will ensure that my PII is kept private and safe when collecting, storing, and using my information for the stated purposes above.
5. 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.
6. I understand my consent remains in effect until I revoke it which I can at anytime. I understand that requests must be made in writing, either by via certified mail to the address below or emailed to Daveamber@ymail.com.
7. I understand it is my responsibility to notify Amber Insurance Agency, David Amber or the Marketplace immediately if I receive mail and/or an email from the Marketplace and/or insurance company that indicates my policy incorrectly shows person's covered, coverage's, premium's, start/cancel date or anything else not listed here.

**Date of request**

**Consent to complete a Marketplace health insurance application and to attest that the information on the application is correct.**

**Change address**

**Change income**

**Add**  **Delete** **Name**

**DOB**

**Sex**

**Tob. Use**

**Reason to add/delete**

**Cancel policy** **Reason**

**Other**

**Client or Authorized Representative Signature**

**Date**

**Amber Insurance Agency  
David Amber  
8055 O Street Suite S108  
Lincoln, NE 68510**

**Office: 402-261-7300  
Email: Daveamber@ymail.com  
NPN: 3191081**