

KHBE Authorization Consent Form Appendix B for benefind & HealthCare.gov

Navigators and Certified Application Counselors are:

- Individuals who have been trained and certified by The Kentucky Health Benefit Exchange (KHBE);
- Equipped to help you apply and enroll in a health plan with savings on HealthCare.gov or apply for Medicaid/Children’s Health Insurance Program (CHIP); and
- Required to provide fair, impartial, and accurate information

By signing below, I give permission for the Navigator or Certified Application Counselor agency listed below to assist with my Marketplace or benefind application.

Please complete, sign, and date the form:

Case Number, if known: _____ DOB: _____ Gender: M / F

SSN: _____ Printed Client Name: _____

Check here if client’s Legal or Marketplace Authorized Rep (AR)

Print Authorized Representative Name (if applicable): _____

Ways I agree to be contacted:

Address: _____

Phone: _____ Phone #2: _____ Text Messaging? Y / N

Email: _____

Client or Authorized Rep Signature

Date

Navigator or Certified Application Counselor Information:

Organization: _____

Name: _____

Phone: _____ Email: _____

Navigator or Certified Application Counselor Disclosure:

Navigators and Certified Application Counselors are here to help you at no cost.

Terms to know:

Personally identifiable information is called "PII." It includes name, date of birth, phone number, Social Security number, email address, home address, immigration status, income, and household information.

Health plans that are offered to me include Qualified Health Plans (QHP) through the Marketplace, Medicaid, and the KY Children's Health Insurance Program (KCHIP).

Navigator and Certified Application Counselor roles and responsibilities **include:**

1. Maintaining expertise in the eligibility and enrollment process.
2. Telling me about the full range of health coverage options available to me and provide fair, accurate, and impartial information.
3. Providing services that meet my cultural and language needs.
4. Making accommodations should I need them, if I have disabilities.
5. Helping me select Health coverage.
6. Helping me with complaints or questions about my health coverage or eligibility and providing me with referrals if needed.
7. Completing all trainings required by the Centers for Medicare and Medicaid Services (CMS) and the Kentucky Health Benefit Exchange (KHBE).
8. Informing me of conflicts of interest.
9. Keeping my PII private and secure.
10. Meeting any state and local requirements when providing me services.
11. Acting in my best interest.

Navigator and Certified Application Counselors **may not:**

1. Discriminate against me based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation.
2. Be a part of the commercial insurance industry or receive payments from any health insurance issuer or stop-loss issuer in connection with the Marketplace.
3. Provide me with promotional items or gifts over a \$15 value, contact me door-to-door unless authorized by me, or contact me via automated programs, such as "robo-calls."
4. Charge me any fee.
5. Choose a QHP for me.

When you sign the Appendix B Consent form, you give permission to the Navigator or Certified Application Counselor and others who are part of his/her organization to access and use your PII to provide you services. This individual will likely contact you for follow-up on your application. The Navigator or Certified Application Counselor might need to create, collect, disclose, access, maintain, store, and/or use some of you PII in order to provide this assistance. You may revoke the permissions you have given at any time.

If you have questions about this disclosure, Navigators or Certified Application Counselors you can visit KHBE.ky.gov or email KHBE.Questions@ky.gov.