



# Appendix B

## Authorization & Consent Form for Agents and kynectors

**Navigators and Certified Application Counselors (also called kynectors) are:**

- Individuals who have been trained and certified by kynect health coverage;
- Equipped to help you apply and enroll in a health plan with premium assistance and extra savings or Medicaid/Children’s Health Insurance Program (KCHIP); and
- Required to provide fair, impartial, and accurate information

**Agents:**

- Are trained insurance professionals who can help you enroll in a health insurance plan.
- Must be licensed by the state and registered by kynect health coverage to sell health plans.

By signing below, I give permission for the kynector or insurance agent and staff listed below to assist with my kynect health coverage application.

**Please complete, sign, and date the form:**

Case Number, if known: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

SSN: \_\_\_\_\_ Printed Client Name: \_\_\_\_\_

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*

**kynector or agent Information:**

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agent ID number (for agent use only): \_\_\_\_\_

# kynector Disclosure:

## 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), Medicaid, and the KY Children's Health Insurance Program (KCHIP).

## kynector 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 providing 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 kynect health coverage.
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.

## kynectors *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.

## Agents:

1. May work for a single health insurance company or represent several companies. I won't pay anything additional if I enroll with an agent.
2. Must protect my PII.
3. May not charge me a fee for applications on kynect health coverage. Agents often get payments ("commissions") from insurance companies for selling plans. Some may not sell plans of companies they don't represent.

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

If I have questions about this disclosure, kynectors or agents, I can visit [KHBE.ky.gov](https://www.khbe.ky.gov) or email

[KHBE.Questions@ky.gov](mailto:KHBE.Questions@ky.gov).