



CONSENT FORM FOR WAHEALTHPLANFINDER BROKERS

I, _____ give my permission to **Cindy Hagen** 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 WAHealthPlanFinder. By consenting to this agreement, I authorize the above-mentioned Broker 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 WAHealthPlanFinder application;
2. Completing an application for eligibility and enrollment in a WAHealthPlanFinder Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for plan premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary
4. Responding to inquiries from the WAHealthPlanFinder regarding my application.

I understand that the Broker will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Broker 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 WAHealthPlanFinder 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 Broker 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 contacting Hagen Insurance Partners.

Name Of Primary Writing Broker: Cindy Hagen
Name of Agency: Hagen Insurance Partners
Agent National Producer Number: 9065521
Agency National Producer Number: 19808833
Phone Number: 206-353-3088
Email Address: cindy@hageninsurancepartners

Name of Primary Household Contact: _____
Email Address: _____
Phone Number: _____

Signature: _____
Date: _____