



## Consent Form for Marketplace Agents and Brokers

I give my permission to Daniel Perkins-Crosier, with Benefit Solutions Plus, LLC. to serve as the health insurance agent/broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Washington HealthPlanFinder Marketplace. By consenting to this agreement, I authorize the above-mentioned agent/broker to view and use the confidential information provided by me in my account, in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Search for existing Marketplace applications;
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/Broker will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent or Broker will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the state purposes above.

I confirm that the information I provide for my 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 or 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.

Name of Primary Writing Agent/Broker: Daniel Perkins-Crosier  
Agent/Broker National Producer Number: 8954935  
Phone Number: (425) 770-3620  
Email Address: dan@bspadvisors.com

Name of Agency (If applicable): Benefit Solutions Plus, LLC  
Agency National Producer Number: 17600878  
Owner of Agency: Daniel Perkins-Crosier

Name of Primary Household Contact  
and/or Authorized Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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