










These insurance products reduce the financial risks you face paying for costs out of your own pocket. We can address any insurance needs you have, so please let us know if you want to review any of these coverages

 Supplemental	<i>Coverage options with National General</i>	Request More Info
 Telemedicine	<i>Access with HealthiestYou</i> Unlimited 24/7/365 access to physician with no copays	Request More Info
 Dental	<i>Plans from BestOne, EMI, Dental Select, TDA and more</i>	Request More Info Enroll Now!
 Vision	<i>Coverage from VSP, Opticare</i>	Request More Info
 Life Insurance	<i>Policies from Ohio National and many others</i> Term Life insurance from \$10/mo	Request More Info
 Disability	<i>Many options available</i>	Request More Info
 Auto	<i>Many options available</i>	Request More Info
 Homeowner's	<i>Many options available</i>	Request More Info
 Identity Theft	<i>Identity Protection from IDShield</i> Protection from \$10/mo	Request More Info

How to Complete Your Enrollment on Healthcare.gov

We will provide assistance with completing your enrollment to ensure that everything gets set up correctly. If you prefer to do it yourself, these instructions will help guide you through the enrollment process. If you have any questions or problems, please contact us for assistance!

SMART TIP: DO NOT CALL THE MARKETPLACE, CALL ME FIRST!

Pay attention to the deadlines and enroll before the cutoff which is the 15th of the month prior to when you want your coverage to start. OPEN ENROLLMENT ENDS DECEMBER 15th.

1 Log on to www.healthcare.gov (create a new account if necessary, takes about 5 minutes)

www.healthcare.gov (link)

2 Fill out the application (takes about 5 -10 minutes)

SMART TIP: Ignore Optional Questions

*Use the paper method for communication preferences (emails get lost)

*Include everyone that you claim on your taxes (even if not enrolling)

*Use legal names from your Social Security cards

3 When prompted whether you received assistance with your application, select Yes:

Name: Brandon Combs

Type: Agent/Broker

NPN: 16870046

4 Your income should add up to: \$70,000

SMART TIP: When prompted, save a copy of your application.

5 Read your eligibility notice, your tax credit should be: \$767/month

If your tax credit is different, STOP, do not complete your enrollment, call us!

6 Select your plan (takes about 1 minute)

*The easiest way to find your plan is to filter to the metal level and carrier of your plan

*Next, look at the premium amounts until you find the one matching your quote

If you can not find the plan, STOP, do not pick a plan, call us!

7 Complete enrollment (takes about 1 minute)

*Sign disclosures

8 Set up payments

The final step is to set up payments. This can be done by clicking the link at the end of your application or by contacting your carrier a few days after you have completed your application.

We WANT to hear from you throughout the year. If you have any follow up questions about your plan or need to make changes, PLEASE do not hesitate ever to give us a call!



Privacy Notice Regarding Personally Identifiable Information

This Privacy Notice explains how we legally collect, use, share, and secure Personally Identifiable Information (PII).

Legal Authority

We are authorized to collect PII by the Centers for Medicare and Medicaid Services (CMS), National Association of Insurance Commissioners (NAIC), and U.S. Code § 18032, as well as by the insurance companies and other business entities we represent. Any PII we collect is used to obtain quotes, apply for insurance, apply for tax credits, and maintain policies and tax credits on your behalf, or for other purposes for which you provide specific, informed consent.

Sharing and Uses

If you choose to give us PII, we may share this information with insurance companies, underwriting entities, government agencies, related third party entities and the marketplace. PII is used or disclosed only under the following circumstances: Obtaining quotes, applying for insurance coverage and/or tax credits, requests by government agencies, enrolling in requested service or programs and any acts related to the maintenance or termination hitherto, or for other purposes for which you provide your specific, informed consent.

Voluntary, Access and Removal

Although collecting PII is voluntary under the law, if you choose not to provide us with the PII requested, or not to respond to certain questions, insurance quotes, applications, enrollment, and tax credits may not be available. You may at any time request access to your records and have information corrected or deleted.

Security

PII is protected against any reasonably anticipated threats or hazards to the confidentiality, integrity, and availability of such information. PII is securely destroyed or disposed of in an appropriate and reasonable manner and in accordance with record retention requirements.

Examples of PII

- | | |
|--|---|
| ●Name | ●Citizenship or immigration status |
| ●Birth date | ●Applicant ID |
| ●Social Security number | ●Household income |
| ●Alien Registration Number | ●Qualified health plan (QHP) eligibility status |
| ●Home address | ●Advanced payments of the premium tax credit |
| ●Email address | ●Cost-sharing reduction |
| ●Phone number | ●Spoken and written language preference |
| ●Electronic or paper federal tax returns | ●Tobacco usage |
| ●IRS Forms 1040, 941, 1099, 1120, and W2 | ●Bank account/credit card information |
| ●Medicaid/CHIP eligibility status | ●other required PII |

For questions or concerns, please reach out to kevin@yourhealthbenefitsut.com or call 801.651.8673.



Client Consent Agreement

This Client Consent Agreement is between Gifford Insurance (hereafter "Broker") and Client (named below) and represents an agreement for Broker to act on Client's behalf within the scope of responsibility detailed below.

Broker Responsibilities

- a. represent Client's interests when quoting, applying for coverage and/or tax credits, creating accounts (including on healthcare.gov), enrolling in plans/programs, working with insurance carriers, the Marketplace, and related entities
- b. provide information in a timely, fair, accurate, and impartial manner
- c. disclose any conflict of interests
- d. NOT provide tax or legal advice within capacity as a broker
- e. collect, use, and share Client's Personally Identifiable Information (PII) within the scope of broker's role
- f. protect Client's PII from unauthorized use, loss and/or theft
- g. receive compensation from carriers and/or third-parties for services rendered or placement of insurance

Client Responsibilities

- a. provide Broker with complete and accurate information
- b. have consent from all insured individuals to disclose their personal information
- c. not ask Broker to misrepresent Client
- d. notify Broker of any changes or inaccurate information
- e. reconcile Premium Tax Credits with the IRS

Client Consent Agreement

I agree that ...

- a. I understand the Broker Responsibilities section above
- b. I understand the Client Responsibilities section above
- c. I understand that providing PII is voluntary
- d. I may revoke or limit any part of this consent at any time
- e. I understand that help Broker provides is based on the information I provide, and if the information I provide is inaccurate or incomplete, Broker may not be able accurately present options or to offer all the help that is available
- f. I authorize Broker and/or their authorized representatives to quote, apply, enroll and provide services on my behalf
- g. I (if applicable) understand that Advance Premium Tax Credits (APTC) will be paid directly to my health insurance carrier and are based on my reported tax-filing status, county of residence, tax household size, and projected income and that I will reconcile my APTC with the IRS based on ACTUAL tax-filing status, county of residence, tax household size and income, which may require me paying back some or all of the APTC

Client Name: _____

Complete one section below indicating consent to above agreement

Written Consent

Signature: _____

Date: _____

Verbal Consent

Received by: _____

Date: _____

Electronic Consent

Email Address: _____

Received by: _____

Date: _____

*Note: Brokers are federally required to store consumer consent forms for at least six years