

# CONSENT FOR BROKER ASSISTANCE

AS REQUIRED UNDER CMS-9899-F AMENDMENT OF 45 CFR § 155.220

## Household Contact Information

Name of Primary Contact and/or Authorized Representative	
Phone Number	Email

**I give my permission to Deborah L. Fleck of The Diamond Benefit Group and/or their staff to provide the following services** on behalf of myself, and my entire household if applicable.

1. Search for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a marketplace Qualified Health Plan or government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace Premiums or enrollment in off-exchange insurance products as applicable;
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 Deborah L. Fleck of The Diamond Benefit Group and/or their staff will not share my personally identifiable information (PII)** and they will ensure that my PII is kept private and safe when collecting, storing, and using my information for the stated purposes above.

**I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge.**

**I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time.** I understand that requests must be made in writing, either by sending the request via certified mail to the address below.

## Agent Contact Information

Deborah L. Fleck  
The Diamond Benefit Group  
2416 Warwick Avenue  
Flower Mound, TX 75028  
Fax #972-355-1805  
Email: diamond.benefit@verizon.net  
NPN #1019320

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PRIMARY CONTACT SIGNATURE

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DATE