**FEDERALLY FACILITATED MARKETPLACE (FFM) CONSENT FORM**

**Enrollment Year 2021**

By signing this FFM Consent, you hereby authorize Mick Insurance Agency to assist in completing an application via Healthcare.gov. Personally Identifiable Information (PII) provided by you to Mick Insurance Agency will be protected pursuant to our Privacy Notice located on the reverse of your Healthcare Marketplace Client Intake Form.

**FFM Process:**

You will provide specific tax household and Modified Adjusted Gross Income (MAGI) information for the year that you are requesting to purchase health insurance. Based on the information you provide to me via the Healthcare Marketplace Client Information Sheet, I will be assisting you in completing an application which will be submitted to Healthcare.gov. The Healthcare.gov system is used to determine whether you qualify for a tax subsidy to assist in the payment of your monthly health insurance premium. This subsidy is applied each month to your health insurance premium, thereby reducing your health insurance cost each month.

The tax subsidy will **DIRECTLY** affect your income tax reporting for the tax year in which the subsidy was received. For example, if the MAGI reported on your taxes is less than the MAGI you anticipated on your application with Healthcare.gov, you will be required to pay the IRS **some or all** of the tax subsidy applied to your health insurance. For this reason it is very important that you estimate your MAGI as accurately as possible.

Due to the potential tax consequences of underestimating your annual MAGI, if you request that Mick Insurance Agency make any subsequent changes to your annual MAGI via Healthcare.gov, said changes must be authorized with your signature.

Healthcare.gov will provide you (via U.S, Mail) with an annual IRS 1095 tax form which will document the tax subsidy received for the current tax year.

***Mick Insurance Agency strongly suggests that you share your Healthcare.gov “Eligibility Notice” with your tax professional to verify that the anticipated annual income reported on your Healthcare.gov application is an accurate approximation.***

Please sign below indicating that you have received a copy of this FFM Consent Form and that you consent to the assistance of Mick Insurance Agency with your Healthcare.gov application.

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

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent/Broker Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_