

Individual Health Insurance Quote Info

NPN: 6615054

MApp Id

RTE

Enrolled

Date Enrolled:

Applicant Information

Date:

Page 1

Applicant's Full Name:

Mail Addr/City/State/ZIP:

Physical Address:

E-mail:

Phone Number:

Cell Number:

County:

Gender:

Race:

Income:

Marital Status:

Smoker:

SSN:

Emp/Source of Inc:

Date of Birth:

Emp Address/Phone:

Household Information

Spouse's Full Name:

Need Cvg:

Gender:

Race:

Age:

Date of Birth:

Smoker:

Work Ins:

Emp/Source of Inc:

Income:

Emp Address/Phone:

SSN:

Others/Dependants

1.

Full Name:

Need Cvg:

Date of Birth:

Smoker:

Relationship:

Gender:

Race:

Age:

Emp/Source of Inc:

Income:

Emp Address/Phone:

SSN:

2.

Full Name:

Need Cvg:

Date of Birth:

Smoker:

Relationship:

Gender:

Race:

Age:

Emp/Source of Inc:

Income:

Emp Address/Phone:

SSN:

3.

Full Name

Need Cvg:

Date of Birth:

Smoker:

Relationship:

Gender:

Race:

Age:

Emp/Source of Inc:

Income:

Emp Address/Phone:

SSN:

Application Information (Continued...)						Page 2	
4.	Full Name:					Need Cvg:	
Date of Birth:		Smoker:		Relationship:			
Gender:		Race:	Age:				
Emp/Source of Inc:				Income:			
Emp Address/Phone:				SSN:			
5.	Full Name:					Need Cvg:	
Date of Birth:		Smoker:		Relationship:			
Gender:		Race:	Age:				
Emp/Source of Inc:				Income:			
Emp Address/Phone:				SSN:			
6.	Full Name					Need Cvg:	
Date of Birth:		Smoker:		Relationship:			
Gender:		Race:	Age:				
Emp/Source of Inc:				Income:			
Emp Address/Phone:				SSN:			
Subsidy Information							
Total Hsehold Num:				Hsehold Income:			
Agent info Benjamin Miday bmiday@midayins.com (910) 843-9919		I hereby give my permission to use the above information to quote health insurance for individuals listed above. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant </div> <div style="width: 35%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>					
MarketPlace User Information							
User Id							
Password							
SecQ1		SEQAns1					
SecQ2		SEQAns2					
SecQ3		SEQAns3					
Add'l Person Auth							
Selected Plan							
Attachments CAmt: <input type="text"/> APTC: <input type="text"/> TTL Prem <input type="text"/>		NOTES <div style="height: 150px;"></div>					



Miday Insurance Agency

803 East 4th Ave Red Springs, NC 28377

Phone: 910-843-9919 Fax: 910-843-9951 Web: midayins.com

Email: customers@midayins.com

Agency NPN: 6621140 Owner: Patty F. Miday

HealthCare.gov HealthCare Marketplace Client Consent Authorization

I, _____, with phone number of _____
(Name of Primary Household Contact and/or Authorized Representative)

_____ and email address of, _____ give my permission to

Benjamin F. Miday, NPN: 6615054, as Agent/Broker, 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 Federally Facilitated Marketplace. By consenting to this agreement, I authorize the above-mentioned Agent/Broker to view and use the confidential information provided by me in writing, electronically, by telephone or in person only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
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 will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent 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 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 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 making a written request to do so and forwarding such request by email to: customers@midayins.com, or by faxing to: 910-843-9951, or by mail or delivery to: 803 East 4th Ave Red Springs, NC 28377.

I hereby hold harmless, Miday Insurance Agency; Benjamin Miday; or any one of the parties herein named, who access my information, and/or make changes thereto, for purposes lawful and requested by the signatory below. I further, hereby waive any right to pursue action or recovery, against the parties herein, should any act, for which I requested to be done on my behalf, either, verbally or in writing was completed by the named parties herein, which may result in any adverse outcome or liability on my part. I acknowledge and hereby state the parties herein have explained all aspects of the Affordable Care Act (ACA), the comprehensive health care reform law enacted in March 2010 (sometimes known as ACA, PPACA, or "Obamacare"), as they pertain to my situation and I understand my responsibilities and obligations as they relate to my participation in the programs available under the Affordable Care Act.