

**Centers for Medicare & Medicaid Services (CMS) | Enrollment Assistance Program (EAP)**  
**EAP Contractor: Cognosante, LLC**  
**Consent Authorization Form for EAP Assisters in the Federally-facilitated Marketplace**

**EAP Organization:** Cognosante, LLC

**EAP Address:** 3110 Fairview Park Drive, Suite 800, Falls Church, VA 22042

**EAP Email:** EAPConsent@cognosante.com

**EAP Assister Name:**

**EAP Assister ID:**

**Consumer Name (Last, First):**

**Consumer State:**

**Consumer Phone Number:**

**Consumer Authorized Representative (if applicable):**

**Definitions and Explanations of Terms Used in This Form**

In this consent authorization form:

- The words “I,” “me,” or “my” include my authorized representative if I have one.
- Personally identifiable information is called “PII.” Examples of my PII include, but are not limited to my name, phone number, email address, home address, immigration status, income, and household size information.
- Health plans available through the Marketplace are called Qualified Health Plans or “QHPs.”
- Other programs called “insurance affordability programs” are also available through the Marketplace. These programs can help me, or my family, pay for health coverage, and include public programs, such as Medicaid or the Children’s Health Insurance Program (CHIP), premium tax credits, cost-sharing reductions, and, if one is available in my state, the Basic Health Program.

**Acknowledgement of Roles and Responsibilities of an EAP Assister**

I have been informed about and understand the Enrollment Assistance Program (EAP) Assister roles and responsibilities described below and have been given the opportunity to discuss them with the EAP Assister from Cognosante LLC, working on behalf of the Centers for Medicare & Medicaid Services (CMS). The EAP Assister must:

- Provide me with general information about their roles and responsibilities.
- Must act in my best interest and tell me about the full range of QHP options and insurance affordability programs for which I may be eligible, which includes providing fair, accurate, and impartial information that assists me with submitting a Marketplace eligibility application; clarifying the distinctions among health coverage options; and helping me make informed decisions during the health coverage selection process.
- Help me apply for or enroll in a QHP and/or insurance affordability program, if I request that help; however, the EAP Assister is not allowed to choose a plan for me.
- Provide post-enrollment and Coverage to Care assistance (such as eligibility redeterminations, understanding and using Marketplace coverage, locating providers, billing/payment questions, etc.) in instances where a Navigator Grantee is not available or does not have the capacity to assist.
- Complete and receive a passing score in a Marketplace-approved training course and be certified by CMS after showing that they meet all CMS-required terms for providing this support before helping consumers. Additionally, the EAP Assister must take additional training every year before being recertified by CMS to continue helping consumers.
- Not act as tax advisers or attorneys when providing assistance as EAP Assisters and cannot provide tax or legal advice within their capacity as EAP Assisters.
- Not discriminate against me based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation, or any other protected category.
- Must provide me with information in a way that meets my cultural and language needs, at no cost to me.
- Must ensure that tools and help provided are accessible and usable for the me if I have disabilities, at no cost to me.
- Refer me to the federal Marketplace Call Center for assistance if they cannot meet my specific needs. An EAP Assister might need to ask about and keep notes on any supports and services I need and might need to disclose that information to other assisters to help me.

- Is not allowed to give me gifts of any value, including gift cards, cash cards, cash, or things that market or promote the products or services of another individual or business if I must enroll in health coverage in order to receive the gift.
- Is not allowed to charge me a fee for any help provided while acting as an EAP Assister.
- Comply with Marketplace standards for keeping my PII private and secure, obtain my consent before accessing my PII, and permit me to revoke my consent at any time. The EAP Assister will ask me only for the minimum amount of PII necessary to help perform the functions that they are authorized to perform as an EAP Assister.
- Remain free of any conflicts of interest and not receive any consideration directly or indirectly from any health or stop-loss insurance issuer in connection with the enrollment of any individuals in a QHP or a non-QHP and must inform you of certain non-prohibited relationships that they might have with insurance issuers.
- Educate you as to the reason your application was rejected and how to appeal a determination and refer me to an entity that can help file an appeal.
- Meet any applicable state and local requirements when providing services to a consumer.

**General Consent**

I, \_\_\_\_\_, give my permission to Cognosante, including the individual EAP Assisters who are a part of the Cognosante EAP and certified by CMS to create, collect, disclose, access, maintain, store, and/or use my PII in order to carry out the roles and responsibilities of an EAP Assister that are authorized by federal regulation and generally summarized above under Acknowledgement of Roles and Responsibilities of an EAP Assister, unless I have limited that consent as set forth in this document. I also understand that the EAP Assister may be required to create, collect, handle, disclose, access, maintain, store, and/or use my PII to carry out activities required under state law or regulation.

**Exceptions or Limitations to Consent**

I understand that I can revoke, limit, or otherwise change the consents I provide through this form at any time. If I don't make any limitations, exceptions, or changes to my consents now, I can still do so at any time in the future by notifying the Cognosante EAP at the EAP phone number or email indicated on this Consent Authorization Form. I make the following exceptions, limitations, or changes:

---



---

**Specific Consents**

During my interactions with the EAP Assisters, I also permit the Cognosante Enrollment Assistance Program to include authorized individuals, upon introduction, for the following purpose(s):

- Language translation services or individuals needed to communicate effectively with me while EAP Assisters are helping me.
- Observations conducted by Cognosante Quality Staff for quality and training purposes only to assess the effectiveness of the individual EAP Assister.

**Additional Information**

I understand that:

1. I do not have to provide the EAP Assister with any information that I do not want to provide. However, the help the EAP Assister provides is based only on the information I provide, and if the information given is inaccurate or incomplete, the EAP Assister may not be able to offer all the help that is available for my situation.
2. The EAP Assister should ask me to provide only the minimum amount of my PII that is necessary to help me.
3. The EAP Assister may not request or require a social security number, information regarding citizenship, status as a national, or immigration status for any individual who is not seeking coverage for himself or herself on an application.
4. The EAP Assister must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. The EAP Assister must follow the privacy and information security standards that apply to them.
5. If I give my contact information when signing this form, my general consent includes permission for the EAP Assister to follow up with me about applying for or enrolling into coverage after my first meeting with them.
6. Once I have provided my verbal authorization or signed this authorization form, I can expect the EAP Assister to help me without asking me to sign another authorization form.

7. Upon my request, the EAP Assister can provide me with an electronic copy of my Authorization Form once complete.

**Verbal Consent Acknowledgement and Authorization**

By verbally acknowledging "I Accept," you are giving oral consent to your understanding of the terms of this Consent Acknowledgement and Authorization Form. Your, or your Authorized Representative's, oral consent is the legal equivalent of your manual/handwritten signature on this Consent Authorization Form. By verbally acknowledging "I Accept," you, or your Authorized Representative consent to the legally binding terms and conditions of this Form.

You, or your Authorized Representative, further agree that your, or your Authorized Representative's, verbal consent to this Authorization (hereafter referred to as your "Oral Consent") is as valid as if you, or your Authorized Representative, signed the document in writing. You, or your Authorized Representative, also agree that no certification authority or other third party verification is necessary to validate your Oral Consent, and that the lack of such certification or third party verification will not in any way affect the enforceability of your, or your Authorized Representative's, Oral Consent or any resulting agreement between you and Cognosante, LLC.

The Consumer/Authorized Representative, \_\_\_\_\_, provided their verbal consent and acknowledgement for this Consent Authorization Form on \_\_\_\_\_.

Verbal Consent obtained by:

\_\_\_\_\_ Date \_\_\_\_\_ EAP Assister ID \_\_\_\_\_