

Client Consent

Name of client:

Principal agents: Astrid Gomez NPN 17429796; Vanessa Rodriguez NPN 19659181; Andrea Rodriguez NPN 17443640; Belkys Santana NPN 18141576; AnaKarina Piña NPN 20976933

Agency Authorization

Through this document, the client authorizes **Insurability** Insurance Agency to provide advice and assistance in selecting a health insurance policy through the Health Marketplace and to proceed on behalf of the client and the eligible members of their family group to enroll in the chosen plan, as well as to make arrangements with the insurance company and health care providers, using the information requested and provided by the client. The client also authorizes **Insurability** Insurance Agency to provide assistance services regarding the use, coverage, benefits, updating, changes, and renewal of their health plan, as well as to communicate with the client by mail, text message, or via telephone to provide documents, information, assistance, and requests related to their insurance policy. Policy cancellation or disassociation from **Insurability** Insurance Agency must be made exclusively by the client verbally, otherwise, it will remain under the management of the agency and its principal agents.

Privacy Statement

Customer data is stored in our CRM system. Contact information may include name, email address, phone number, occupation, and medical history. **Insurability** Insurance Agency will use this information to serve the customer in the best possible way.

All information is stored securely and per applicable laws and regulations.

Sign

Date

