SERVICE AGREEMENT & PROCESS CONSENT

for Individual Health Insurance Client

Privacy & Security. SCSanchez, LLC and its agents will not, at any time or in any matter, divulge, disclose or communicate Protected Health Information (PHI) or Personally Identifiable Information (PII) except as is necessary to procure and service your insurance policy.

We will not disclose information about our visitors or policyholders to third parties for marketing purposes without your consent.

We take our obligation to protect your personal information seriously. We safeguard our data with electronic and physical protections and limit access to your information to those who need it. In addition, we comply with all applicable privacy laws. For more information on your privacy rights or how we use your information, please contact our compliance officer.

I/We authorize agents of SCSanchez ,LLC to conduct application/person searches on georgiaccess.gov through Direct Enrollment, assist in our applying for financial help and/or enrolling in a Qualified Health Plan, assist with ongoing Marketplace account and/or enrollment issues, and share our PHI and/or PII as necessary for enrollment and health contract service purposes.

Georgia Access Enrollment Process with Sanchez Coverage Solutions:

☐ 1. **Discovery & Initial Consultation Call:** Gathering of profile information and reviewing your healthcare needs.

☐ 2. **Share Authorization** answers to give agent access to create a profile for client

☐ 3. **Selection & Enrollment:** Offer my recommendation for the best plan for you; then, I enroll you (and your dependents) in the plan through me.

☐ 4. **Payment:** To get the most value for your time, I offer the *Discovery & Initial Consultation* call/meeting and our *Selection & Enrollment* meeting free! * Once I have enrolled you in an insurance plan, I am paid by the insurance companies.

*Any additional calls and meetings will be charged as a consultation fee of $30 per 30 minutes, minimum of $30.

Agent NPN: 18711242
Email address: sarah.c.sanchez@outlook.com

Client(s):

_____ _____

Print Name-Client 1 Print Name-Client 2

_____ _____ _____ _____

Signature Date Signature Date

	Client 1	Client 2
Email address		
Best Phone #		

Preferred method of contact (circle choices) Email Mail Phone

The following information is required and necessary to complete the services requested by you.

If you are applying for a tax credit (subsidy), please list everyone in the household (as listed on your taxes). The Federal Marketplace requires entire household income and information in order to determine tax credit eligibility, even if some members are not applying for health insurance.

Name	Social Security Number (if applying for insurance)	Sex	Birthdate	To Be Insured? Y/N

Total estimated 2025 Adjusted Gross Income (only if wanting tax credit/subsidy)$_____

Mailing Address:_____

City:_____State_____ Zip:_____