

Client Consent Form

I, _____, give my permission to Steve Young and Camino Health Insurance to serve as the health insurance agent or broker for me and my entire household if applicable, for purposes of enrollment in a health plan offered by TennCare, Marketplace, or Medicare. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing application;
2. Completing an application for eligibility and enrollment in a health plan;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the insurance 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 insurance 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 emailing my Agent.

Primary Writing Agent: Steven M. Young
National Producer Number: 20506958
Phone Number: 615-880-8465
Email Address: steve@caminohealthinsurance.com

Primary Household Contact
and/or Authorized Representative: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

DOB: _____ Application#: _____