Required Privacy Consent

Your prior consent is required before I can start an application for you for health insurance. When you contact me to use my services you are agreeing to the following:

I give my consent to Sheron E Sidbury NPN#11466028 a Licensed Health Insurance Agent in Maryland, Virginia and Washington DC (and in any other state she may become licensed in in the future that requires prior written or recorded verbal consent) permission to gather any private information necessary to assist me with analyzing and enrolling in a Health Insurance Plan through The Health Insurance Marketplace or with any other insurance plan.

By signing this consent form, I acknowledge that the agent Sheron E Sidbury NPN# 11466028 has informed me the individual, authorized representative, employer, or employee of the functions and responsibilities that apply to her role an agent or broker related to the Federal Health Insurance Marketplace, Maryland Health Connection, the Virginia Insurance Marketplace, DC Health Link or any other state based exchange she becomes licensed with in the future. Your consent indicates that the agent or broker Sheron E Sidbury NPN# 11466028 has permission to 1) conduct an online person search for my application on the Health Insurance Marketplace, 2) assist me with completing an eligibility application, 3) assist me with plan selection and enrollment, and 4) assist me with ongoing account/enrollment maintenance.

I understand that during the enrollment process I will need to supply Personally Identifiable Information. This includes information such as my legal name, address, date of birth, social security number or other personal data need to complete an application for me or any other person that is applying for insurance on my application. This consent begins today and has no expiration date unless withdrawn by either party in writing via postal mail; by email, by fax, by text message or I cease being a client. All personal information will remain confidential.

By submitting this privacy consent you agree that you have read and understand my Privacy Policy which is included later in this agreement. To end your business relationship with me please contact me using the information below. This notice is required by the Federally Facilitated Health Insurance Marketplace and is required by me for all consumers who I assist in all Health Insurance Marketplaces that requires prior written or recorded verbal consent.

Sheron E Sidbury
NPN# 11466028
1520 Belle View Blvd, Suite #5801
Alexandria, VA 22307
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Fax: (703) 997-8522
Email: sheron@sesinsureme.com
Website: https://www.youdesignaplan.com/

Electronic Communications and Communications Preferences Consent Form

The federal government has advised that patients and clients have a right to receive health information via their preferred communication channels, including unencrypted channels, should they prefer them. It is important to understand patient and client communication preferences, as they may be both protective and mandatory.

You as a client can choose to receive messages outside of any secure text messaging or email system and still be compliant, there are certain criteria that have to be met for compliance.

The following three criteria need to be met to use standard text messaging with my clients in a HIPAA compliant way. (The Health Insurance Portability and Accountability Act).

1. You the client understands that ***standard*** text messaging has security vulnerabilities.
2. You client understands that I provide secure alternatives to the standard texting or email messaging to keep their sensitive information secure.
3. You understand that if you the client still prefers and agrees to communicate using standard text or email messaging over other options that is your right and your choice.

There is no explicit requirement to confirm in writing that these criteria have been met. By including it in this agreement it provides me as the agent extra protection and lets you know your communication rights as a client.

Standard text messaging on any secure system can be HIPAA compliant, but should be used with care and comply with you the clients preference. If you the client chooses to use unsecure means of communication to transmit your sensitive data you do so at your own risk.

By signing this agreement with Sheron E Sidbury NPN 11466028 you agree that you are willing to receive communication from me going forward whether that be by text message, email message, automated messages and postal mail. You can opt out of messages at any time. You understand that by opting out of communication that you become fully responsible for keeping up with important notices and messages sent to you. Due to federal law once you opt out of communications legally Sheron E Sidbury must cease communications with you.

I will provide everyone with a secure way to transmit documents with sensitive information to me. I will only send documents with sensitive information to you in a secure manner. If you respond to me outside of a secure system or ask me to send your documents unsecured that will indicate that you're comfortable sending messages without using a secure method. You also have the right to send me a message stating that you prefer to only communicate via secured protected communications.

Consent to Communicate by Standard Email and Text Messaging Disclosure

By signing this document you consent to the follow:
I agree to have my health insurance agent Sheron E Sidbury NPN 11466028, and other staff that may work with her now or in the future can communicate with me by email or standard SMS messaging (text messaging) at my request regarding various aspects of my insurance eligibility or other insurance needs. This may include, but will not be limited to details about my policy, personal details about myself and other members of my tax household and other important details that need to be collected to complete my eligibility application.

I understand that email and standard SMS text messaging are not confidential methods of communication and may be insecure. I further understand that because of this there is a risk that email and standard SMS text messaging regarding my medical care, might be intercepted and read by a third-party, even though the chance of this happening may be small.

I also agree that I have been informed by my insurance agent that there are secure methods for me to communicate my personal information. I also agree that I have

been informed of these methods and have been provided access to use them. I also understand that it's my choice to use standard email and SMS text messaging if that is more convenient for me even if there are more secure ways of communication available to me. I understand and have been informed of the risk involved.

I also understand that my insurance agent will only communicate with me using secured protected methods when emailing me or using text messages to transmit documents or messages containing protected information as required by law.

Broker Compensation Disclosure

What is the Requirement & When Did It Start?

Under Section 202 of the Consolidated Appropriations Act (CAA) of 2021, federal law requires insurance brokers and agents to disclose all payment and fees they expect to receive for helping clients with health plans. This legal rule went into effect on **December 27, 2021**. It applies to all direct and indirect compensation totaling $1,000 or more (excluding small non-cash gifts worth $250 or less). Although at the federal level this rule applies only to group insurance, some insurance companies now require that agents and brokers appointed by them who work in the individual market comply with this requirement.

How Does This Benefit You?

Congress created this transparency rule so consumers can clearly see how their agents are paid. This gives you complete visibility into any financial relationships between your agent and the insurance companies, helping prevent hidden conflicts of interest and ensuring the recommendations you receive are fair and reasonable.

About My Services & How I Am Paid

While I Sheron E. Sidbury am authorized to assist with Marketplace plans, I am an independent contractor and am not employed by the Health Insurance Marketplace. See below for a few details about how I am compensated and how it affects you

- **No Cost to You:** My services are provided at **no charge** to you. The commission paid to me does **not** change or increase your premium price.
- **How Payment Works:** If you enroll and activate your plan, I receive compensation directly from the insurance company you choose.

- **Compensation Rates:** Payment varies by carrier and ranges from a flat rate of **$12 per month per application** ($144 per year) up to **$20 per member per month** ($240 per year). Some insurance companies may also pay occasional volume bonuses.
- **When are payments made:** The agent is only paid if a health insurance plan is activated, and payments stop when the plan ends. Agents and brokers are not paid for helping you. We are only paid if the assistance we provide leads to the activation of an insurance plan. Our assistance is free of charge.
- **Additional Information:** For details on exact payouts from specific insurance companies, you can visit: https://www.enrollinsurance.com/aca-commissions

***Your Trust Matters**:* If you feel this compensation is excessive or if you have any questions, you have the right to stop the consent process at any time before proceeding. You can inform me of your decision at any time using the contact information contained in this document.

Privacy Policy

This privacy policy discloses the privacy practices for Sheron E Sidbury NPN 11466028. According to the agreement I have with CMS (The Centers for Medicare and Medicaid) and HHS (The Department of Health and Human Services) I am required to provide you with this notice before assisting you with your application for health insurance. It also applies when you use my services to obtain any other life insurance or financial product. It describes what you can expect from me as your insurance agent.

This privacy policy applies solely to information collected by me when I collect Personal Identifiable Information from you to complete an application for health insurance via a Health Insurance Marketplace whether it's on the federal or state exchange and when you apply for any other insurance or financial product. It also applies to how I handle Personal Identifiable Information for all types of insurance policies and financial products that I sell.

I am authorized to collect personal information to complete your application for health insurance, life insurance or other financial products. This includes any supporting documentation, including social security numbers, under the Patient

Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act. By receiving this privacy policy and using my services to complete an application for Health Insurance through a Federal or State based Marketplace or for any other type of insurance or financial product you agree that you have read and understand the information in this notice.

It will notify you of the following:

1. What personally identifiable information is collected, how it is used and with whom it may be shared.
2. What choices are available to you regarding the use of your data.
3. The security procedures in place to protect the misuse of your information.
4. How you can correct any inaccuracies in the information.

Information Collection, Use, and Sharing

During the application process you will be asked to provide information such a valid social security numbers, legal status document data, name, address, phone, number, email address, employment information and other personal details for each member of your tax household.

Only authorized persons will have access to the information collected. I only have authority to collect information that you voluntarily give me via a secure document transmission option or any other communication method that you authorize. I will only exchange personal identifiable information (PII) via secured email or other encrypted methods. You have the choice respond to me via secured email which requires the creation of a username and password. If your email service provider does not accept secured emails you agree to contact me via phone, email or postal mail. I will choose another secured method of communication. If you choose to send PII to my business email address which is not secured without encrypting it you do so at your own risk and will be responsible for any compromise that occurs with your sensitive information.

I will not sell or rent your information to anyone.

I will use your information to respond to you, regarding the reason you contacted me. I will not share your information with any third party outside of my

organization, other than as necessary to fulfill your request, such as contacting the Health Insurance Marketplace or the Insurance Company or other financial institutions on your behalf with your prior consent.

Unless you opt out, I may contact you via postal mail, email, or text message or automated text messaging services in the future to tell you about changes to this privacy policy, changes to your health plan, notifications from the marketplace or any other important updates.

Your Access to and Control Over Your Information

You may request information regarding your data at any time. You can do so at any time by contacting with your request me via the email address, phone number or address given in this notice:

- You can see what data we have about you, if any.
- You can change/correct any data we have about you.
- You can have us delete any inaccurate data we have about you except when retention is required by law.
- You can express any concern you have about our use of your data.

Call recording

All calls are recorded. This is for the protection of the company and for your protection. If you do not wish to be recorded you will need to use an agent who does not have a call recording requirement. All recordings are retained for 10 years

Security

I take precautions to protect your information. When you provide sensitive data your information is protected both online and offline. Wherever I collect sensitive information (such as credit card data, social security numbers, etc), that information is encrypted and transmitted in a secure way. You can verify this by looking for a closed lock icon at the bottom of your web browser, or looking for "https" at the beginning of the address of the web page. You will be able to see this if we are filling out the application face to face or via a screen sharing session. If you choose to self-submit an application you can verify this in the search bar.

While all of the sites I use to submit applications on your behalf use encryption to protect sensitive information transmitted online, I also protect your information offline. Only authorized persons with your consent who need the information to perform a specific job (for example resolving errors on your application with the Health Insurance Marketplace, resolving a billing or claims issue with your Life or Health Insurance Carrier) are granted access to personally identifiable information.

The computers that I use to access necessary personally identifiable information are encrypted and secure.

We follow the following procedures:

1. I shred all hard copies of verification documents after they are uploaded to the Health Insurance Marketplace. Insurance and financial documents and any other documents that are required to be kept by law are scanned encrypted and stored securely.
2. All Documents containing Personal Identifiable Information (PII) stored on computers are encrypted and password protected.
3. I will only contact you via secure email or via postal mail should I need to send (PII) to you.
4. I only request Personal Identifiable Information (PII) that is necessary to perform the task you request

If you feel your information has been misused you can file a complaint online or by phone at the following website: https://www.scc.virginia.gov/pages/File-an-Insurance-Complaint-(1) or call: Toll-free number: 1-877-310-6560

Updates

Our Privacy Policy may change from time to time and all updates will be made available to you. If you feel that I am not abiding by this privacy policy, you should contact me immediately via telephone at 571-636-9366 or via email at sheron@sesinsureme.com or via postal mail at Sheron Sidbury 1520 Belle View Blvd, Suite #5801 Alexandria, VA 22307*

By checking the box below I _____
agree to appoint Sheron E Sidbury NPN #11466028 as my agent to assist me with my insurance needs. I understand that I can revoke my consent at any time.

____ I Agree

____ I do not agree

Name

Address

City

State

ZipCode

County

Phone Number

Email Address

Print Name

Signature ***Date***

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