

# ACA Clients Guide To Working With an Agent

## *New Applicants those who never created an application*

### VIRGINIA

1. You will need to fill out the “Required Privacy Consent Form”, which is required by CMS the federal government agency that regulates the Health Insurance Marketplaces. You can find it here under the section “CONSENT” <https://www.youdesignaplan.com/aca> This gives me permission to work with you as your agent and will allow me to assist you with creating an account and will allow me to start and submit an application on your behalf.
2. If you are not comfortable completing the application on your own you can fill out the NEW CLIENT INTAKE FORM in the following link: <https://form.jotform.com/230077204818049> or I can have my assistant contact you to help you fill out the form including the Required Privacy Consent form by phone over a recorded line. The recording will serve as your verbal signature. I will use the collected information to create your account and complete the application on your behalf.
3. If you have me to create your account for you, I will need you to be present on the phone during ID Verification process in the application. You can schedule a time to complete this step here <https://calendly.com/sesinsureme> It will take about 5-10 minutes to complete.
4. If you prefer to create your own account. You will need to do so here at <https://www.marketplace.virginia.gov/> You can enter your personal information and seek my assistance at any point during the application process.
5. Once your account is created you can send me an agent designation request by going to the Get Help section in your account. Choose Agents and Brokers. Search for me by name Sheron Sidbury or by my Zip Code 22306. The Marketplace will send me a message regarding your request. Once I accept your request both the Marketplace and your insurance company will know that I am assigned to your account.
6. If you opt to have me to create your account on your behalf, I will need to request from you, personal information that needs to go on the application. This is required to complete the application. This includes information such as contact information, social security numbers, dates of birth etc. You can choose not to provide some identifying information but the application will request a physical copy of the document to verify your information so it is best to provide it or you can create an account on your own and enter your household details. You can find a list of everything needed here [https://www.youdesignaplan.com/files/ugd/cab217\\_80b922cac9d14f69af939dbdc5b1a89a.pdf](https://www.youdesignaplan.com/files/ugd/cab217_80b922cac9d14f69af939dbdc5b1a89a.pdf)
7. You can choose which parts of the application you would like personal assistance with and contact me only for the sections where you need guidance.

8. Once you sign and submit your application you will be able to make your final plan selection

## MARYLAND

1. You will need to fill out the “Maryland Account Creation Consent Form”, <https://survey.zohopublic.com/zs/PVCNYY> which is required by me and suggested by Maryland Health Benefit Exchange to get written consent before assisting clients with creating an account. This gives me permission to work with you as your agent and will allow me to assist you with creating an application, creating an account and will allow me to start an application on your behalf.
2. You will also be required to fill out the “Required Privacy Consent Form”, which is required by CMS the government agency that regulates the Health Insurance Marketplaces. You can find it here under the section “CONSENT” <https://www.youdesignaplan.com/aca> This gives me permission to work with you as your agent and will allow me to assist you with creating an account and will allow me to start and submit an application on your behalf.
3. You can opt to create an account on Maryland Health Connection ([marylandhealthconnection.gov](http://marylandhealthconnection.gov)) on your own or you can have me assist you with creating your account. Once your account is created and verified you can go to the “Get Help” or “Find Help” section. Scroll down to find the “Map of Brokers” link. (<https://app.marylandhealthconnection.gov/hixui/public/home.html#/getEstimate/findAssistance?notFromAnon=true&shoppingYear=2023>) Search for “Sheron Sidbury” (spelling is correct) and select me. It’s best to do this while you are logged into your account or you will be prompted to login. Follow the prompts and confirm your selection. I will be alerted by Maryland Health Connection and will accept your request for assistance. This should be done before you sign and submit your application. If you prefer for me to create the account on your behalf I will complete these steps.
4. If you opt to have me to create your account on your behalf, I will need to request from you, personal information that needs to go on the application. This is required to complete the application. This includes information such as contact information, social security numbers, dates of birth etc. You can choose not to provide some identifying information but the application will request a physical copy of the document to verify your information so it is best to provide it or you can create an account on your own and enter your household details. You will find a list of what you will need here [https://www.youdesignaplan.com/files/ugd/cab217\\_80b922cac9d14f69af939dbdc5b1a89a.pdf](https://www.youdesignaplan.com/files/ugd/cab217_80b922cac9d14f69af939dbdc5b1a89a.pdf)
5. You can securely submit any sensitive documents or information to me using the following link <https://www3.mydocsonline.com/customerupload/1a1b67a484317411a1d8a66f889c> You can submit documents from any device with an internet connection.
6. You will need to be present on the phone during the phone and email address verification and ID Verification process in the application. You can schedule a time to complete this step here <https://calendly.com/sesinsureme>

7. You can choose which parts of the application you would like assistance with and contact me for the parts where you need assistance.
8. Once you sign and submit your application you will be able to make your final plan selection

### **ALL ACA ENROLLEES**

1. At the end of the application you may be given the option to make your first payment. It is recommended that you wait 3-4 business days for the company to receive your application. You can then return to your account to make your payment. You can also call the company or create an account online to make your first payment. See the link for "Health Insurance Company Contact Information"  
<https://www.youdesignaplan.com/updates> for how to contact the company you chose.
2. Please keep a record of your receipt and any payment confirmation number. Make sure the payment is for the correct effective date of your plan. (Example if your effective date is January 1st and you pay on December 21st make sure your payment corresponds with the payment due on January 1st).
3. Throughout the year I send out periodic updates using an automated text messaging service. The number from that service is 571-534-4640 and will always have my name in the subject line. You can always opt out of these messages. When you opt out you will no longer receive important updates via text message. To opt back in you can text "ACA" to 571-534-4640. You can reply to these messages but since this box is not monitored on a regular basis there may be a delay in my response. If I haven't responded within 24 hours please contact me at 571-636-9366.
4. If you opt out you can always check this page for updates  
<https://www.youdesignaplan.com/aca>
5. Individual Health Insurance are annual contracts that need to be renewed every year during Open Enrollment. You will receive updates ahead of time as to what steps you need to take.
6. Once you complete your application, your information will be stored in your account. You will need to review your application each year and update any outdated information. Pay special attention to the income on your application. Make sure it accurately reflects your current income which should be used to estimate you income for the coming year. Once our accounts are linked and all required consent forms have been completed it will not need to be repeated. Renewals next year will be very simple.

Thanks for trusting me to assist you. Feel free to contact me with any questions or concerns you have throughout the year.

Sheron E Sidbury

Healthcare Cost Containment Specialist

Phone: 571-636-9366

Book an Appointment: <https://calendly.com/sesinsureme>

Email: [sheron@sesinsureme.com](mailto:sheron@sesinsureme.com)

Website: <https://www.youesignaplan.com/>



SHERON E SIDBURY

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