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## Health Insurance Application/Enrollment Authorization

### *Privacy Disclosure:*

Main Street Insurance, LLC and its representatives protect the privacy and security of the personal information that you have provided. The information provided is used only to generate a Health Insurance Marketplace application and complete the enrollment process.

### *Authorization and Statement of Understanding:*

I authorize Main Street Insurance, LLC and its representatives to submit all information listed on each Health Enrollment Form to The Health Insurance Marketplace and also receive any communication about eligibility or enrollment. The statements and information provided are complete and true to the best of my knowledge for myself, dependents and all other individuals listed on the attached Health Enrollment Form(s). On behalf of each individual listed, I agree to hold Main Street Insurance, LLC and its representatives harmless for any disenrollment, penalty or fine associated with all past and future applications or transactions.

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Print Name

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Signature

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Date