

Privacy Notice Statement Pertaining to Personally Identifiable Information & Consent Waiver

This Privacy Notice Statement (“Statement”) explains how contracted agents and employees of Medicare Masters, LLC and/or Anchor Health Insurance, LLC, (also referred to herein as “we” or “us”) may collect, use and disclose certain personally identifiable information (“PII”) in the course of assisting you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in qualified health plans (“QHPs”) through the Federally Facilitated Marketplace (“FFM” or “Marketplace”) or direct through the carrier, and/or applying for federal subsidies. PII includes any information that can be used to distinguish or trace your identity, either alone or in combination with other personal or identifying information that is linked or linkable to you. Examples of PII include your name, address, phone number, Social Security Number, date and place of birth, and mother’s maiden name.

This Statement describes, in particular:

1. The legal authority for our collection of PII;
2. The purpose of our collection of PII;
3. To whom and for what purposes PII may be disclosed;
4. Authorized uses and disclosures of any collected PII;
5. Whether our request to collect PII is voluntary or mandatory under applicable law; and
6. The effects of nondisclosure if you choose not to provide requested PII.

Please read this Statement carefully and contact us at admin@medicare-masters.com or 920-882-1307 if you have any questions or concerns.

We will take reasonable steps to ensure that any of your PII in our possession is complete, accurate, and up to date – to the extent necessary to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the Marketplace, and/or applying for federal subsidies – and has not been altered or destroyed in an unauthorized manner. We have implemented operational, administrative, technical, and physical safeguards and procedures, including privacy and security training programs for members of our workforce, to protect your PII and ensure its confidentiality, integrity, and availability, and prevent unauthorized or inappropriate access, use, or disclosure.

In accordance with our established privacy and security standards, which are publicly available upon request, you (or your duly authorized representative) have the right to a simple and timely means of accessing and obtaining your PII in a readable form and format, disputing the accuracy or integrity of your PII, and having erroneous information corrected, substituted or deleted. For instructions as to how to exercise your rights in this regard, please contact us at admin@medicare-masters.com or call 920-882-1307. If the PII in question originated from another source, then you should contact the originating source for this purpose.

Legal Authority for Collection of PII

We have entered into an agreement with the Marketplace, under which we will comply with the Marketplace’s privacy and security standards established by the U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid Services. We may collect, use, or disclose your PII if and to the extent required under applicable law. In all other instances, we may collect, use, or disclose your PII, in accordance with this Statement, to the extent necessary to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the Marketplace, and/or applying for federal subsidies.

Purpose of Collection of PII

The purpose of our collection of PII is to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the Marketplace, and/or applying for federal subsidies.

To Whom and for What Purpose PII May Be Disclosed

We may disclose your PII to the Marketplace (or employees, agents or sub-contractors thereof), certain federal or state agencies, a health insurance issuer offering a QHP that you have selected (or such issuer’s employees, agents, or subcontractors), or any individual who is duly and legally authorized to act on your behalf in connection with your PII. This includes any individuals acting under an appropriate power of attorney or appointment that complies with applicable state and federal law. Your PII may be disclosed to the extent necessary for us to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the Marketplace, and/or applying for federal subsidies.

Authorized Uses and Disclosures of Collected PII

We may use and disclose PII if and to the extent reasonably necessary to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the Marketplace, and/or applying for federal subsidies. We will obtain your informed consent, which you may revoke at any time, for any other uses or disclosures of PII.

Whether Request to Collect PII is Voluntary or Mandatory under Applicable Law

Our request to collect your PII, for purposes of assisting you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the Marketplace, and/or applying for federal subsidies, is voluntary.

Effects of Nondisclosure of PII

If you choose not to provide the requested PII to us, then we may be unable to assist you in comparing health insurance plans, obtaining determinations of eligibility for coverage, enrolling in QHPs through the Marketplace, and/or applying for federal subsidies.

FFM Person Search and MyMedicare.gov Access Consent Waiver

By signing this form you also authorize agents and employees of Anchor Health Insurance, LLC and Medicare Masters, LLC to access the Federally Facilitated Marketplace (FFM) and conduct searches for yourself and dependents and to work with them for purposes of applying for and enrolling in a Marketplace plan and to access your MyMedicare.gov account to access and update your prescription medications list for the purpose of enrolling in a Medicare Advantage or Medicare Prescription Drug Plan.

Disclaimer

Per Government regulations we are required to include the following disclaimer: “We do not offer every plan available in your area*. Currently we represent 15 organizations which offer 148 products in your area*. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.” *Your area” is defined as CMS Region 16; the State of Wisconsin.”

Please contact us at admin@medicare-masters.com or 920-882-1307 if you have any questions or concerns regarding this Privacy Notice Statement, or our collection, use, and disclosure of PII in general.

I have reviewed this notice and have been given the opportunity to retain a copy thereof:

X _____
signature

date