

Fee & Services Agreement for Individual Health Insurance Client

\$125.00 fee:

- *Quoting, personal meeting and application processing*
- *Healthcare.gov subsidy and insurance application process*

\$120/hr, billed to the closest minute:

- *Additional counseling & advising via email, phone or in person*
- *Service* Issues (request insurance cards, claims issues, address changes, etc.).*
**Service is limited to insurers' ability and willingness to work with agents. Clients are encouraged to contact insurer first before contacting us.*

Invoices presented to our Clients are due upon receipt.

Privacy & Security. Kirby & Company and its agents will not at any time or in any matter, divulge, disclose or communicate Protected Health Information (PHI) or Personally Identifiable Information (PII) except as is necessary to procure and service your insurance policy.

We will not disclose information about our visitors or policyholders to third parties for marketing purposes without your consent.

We take our obligation to protect your personal information seriously. We safeguard our data with electronic and physical protections and limit access to your information to those who need it. In addition, we comply with all applicable privacy laws. For more information on your privacy rights or how we use your information, please contact our compliance officer.

I/We authorize agents of Coastal Benefits (dba Kirby and Company) to assist in our applying for financial help and/or enrolling in a Qualified Health Plan and to share our PHI and/or PII as necessary for enrollment and health contract service purposes.

Client(s):

Print Name-Client 1

Print Name-Client 2

Signature

Date

Signature

Date

The following information is required and necessary to complete the services requested by you.

If you are applying for a tax credit (subsidy), please list everyone in the household (as listed on your taxes). The Federal Marketplace requires entire household income and information in order to determine tax credit eligibility, even if some members are not applying for health insurance.

Name	Social Security Number (if applying for insurance)	Sex	Birthdate	To Be Insured? Y/N

Total estimated 2018 Adjusted Gross Income (only if applying through the healthcare.gov)\$_____

Home Address:_____

City:_____ State_____ Zip:_____

	Client 1	Client 2
Email address		
Best Phone #		

Preferred method of contact (circle choices) Email Mail Phone

Referred by_____