



Consent for Health Insurance Coverage Assistance

Brightpoint
227 E. Washington Blvd., Fort Wayne, IN 46802
(800)589-3506

I. Consumer and Navigator Role and Responsibilities

Brightpoint provides health coverage outreach, education, and enrollment assistance on behalf of Covering Kids & Families of Indiana. Through **Brightpoint**, you have access to a certified Indiana Navigator and Federally Certified Application Counselor (CAC) who can (and must) give you fair, accurate, and unbiased information regarding the health coverage options available to you. **Brightpoint** can also help you complete your application and maintain enrollment. These services are **free of charge**.

Brightpoint is here to help, but **you are responsible** for providing the information and records needed to complete your health coverage application and meeting your Navigator appointments and enrollment deadlines. **BRIGHTPOINT MAKES NO REPRESENTATION OR WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF QUALITY OR FITNESS FOR A PARTICULAR PURPOSE.**

You do not have to provide **Brightpoint** with information that you do not want to provide. However, if you provide information that is inaccurate or incomplete, **Brightpoint** may not be able to offer all the help that is available for your situation. You will be asked to provide only the minimum amount of personal information that is necessary to help with your health insurance application and enrollment, ensure quality control, and collect demographic information.

Brightpoint will follow privacy and information security standards when creating, collecting, disclosing, accessing, maintaining, storing, and/or using your personally identifiable information (PII). Information about these standards is available upon your request.

II. Consent to Coverage Assistance

I, _____, have read and understand the information above, and I give my permission to **Brightpoint**, including the individual Navigators who are a part of **Brightpoint**, to create, collect, disclose, access, maintain, store, and/or use my personally identifiable information to help me find and maintain health coverage.

Signature: _____

Date: _____

For office use only:

Navigator Name: _____

Navigator ID: _____

CAC ID: _____