



Please complete the information below for us to better assist you.

E-mail Address:

Phone Number:

Address [include County]:

Healthcare.gov Login: Username:

Password:

Applicant Information

Spouse Information

Name:

Name:

Date of Birth:

Date of Birth:

Social Security #:

Social Security #:

Applicant's Annual Income:

Spouse's Annual Income:

Employment: [Select One]

Employment: [Select One]

Job Self-Employed Not Employed

Job Self-Employed Not Employed

Business Name of Employer:

Business Name of Employer:

Work Phone Number:

Work Phone Number:

Legal Status: [Select One]

Legal Status: [Select One]

US Citizen

US Citizen

Naturalization Certificate #

Naturalization Certificate #

Alien #

Alien #

Green Card/ Permanent Resident

Green Card/ Permanent Resident

Alien #

Alien #

Green Card #

Green Card #

Issue Date:

Expiry Date:

Issue Date:

Expiry Date:

Other

Other

Alien or I-94 #

Alien or I-94 #

Work Permit #

Work Permit #

Issue Date:

Expiry Date:

Issue Date:

Expiry Date:

Any Dependents? Yes No

Anyone Pregnant? Yes No

Dependent 1:

Dependent 3:

Name:

Name:

Date of Birth:

Date of Birth:

Social Security #:

Social Security #:

Relationship to Applicant?

Relationship to Applicant?

Legal Status:

Legal Status:

Naturalization Certification #

Naturalization Certification #

Alien #

Alien #

Dependent 2:

Dependent 4:

Name:

Name:

Date of Birth:

Date of Birth:

Social Security #:

Social Security #:

Relationship to Applicant?

Relationship to Applicant?

Legal Status:

Legal Status:

Naturalization Certification #

Naturalization Certification #

Alien #

Alien #

Thank you,
Ramzan Virani
NPN# 11588875

CMS Model Consent Form for Marketplace Agents and Brokers

I, _____ [insert name of primary household contact], give my permission to Virani Insurance Agency LLC [insert name of the person or entity who has the consumer's consent] to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that the Agent will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by writing a letter _____ [insert method to revoke consent].

Name of Primary Writing Agent: Ramzan Virani OR Nargis Virani
Agent National Producer Number: 11588875 OR 18479689
Phone Number: (281)450-1569
Email Address: ramzan@viraniagency.com

Name of Agency (if applicable): Virani Insurance Agency, LLC
Agency National Producer Number: 18658289
Owner of Agency: Ramzan Virani
Phone Number: (281)450-1569
Email Address: ramzan@viraniagency.com

Name of Primary Household Contact and/or Authorized Representative: _____
Phone Number: _____
Email Address: _____
Signature: _____

Date: _____