



Health Enrollment Management Agency

4151 Executive Pkwy, Ste 210 Westerville, Ohio 43081 614.890.7373 Fax 614.635-2621

Policyholder Services Contract – As most insurers do not pay commissions outside of Open Enrollment for the policies to be issued for an effective date during the Special Enrollment Period in the year 2017, the following fee schedule will apply. Health Enrollment Management Agency (HEMA) to act as your agent for the remainder of 2016.

\$25 Fee to Gather Data, Quote and Open Account (Non Refundable)

\$10 monthly for Single Coverage

\$15 monthly for Household with 2 Members

\$20 monthly for Family with 3+ Members

(Monthly Fees are waived if health insurer pays a commission for SEP Enrollment - Servicing)

HEMA agrees to:

- 1) Enroll you for health insurance effective for the 1st of the month after the date of the Special Eligibility, or other date as prescribed by the Affordable Care Act.
- 2) Effect your payment electronically to the carrier and assist in establishing the monthly remittance thereafter
- 3) Provide ongoing advice and transfer of information regarding issues with the insurer administration, provider network, or prescription benefit manager issues.
- 4) Collect renewal information to quote and re-enroll if necessary upon renewal of original policy issued under this agreement.
- 5) Calculate and effect application for an advanced premium tax credit on your behalf from healthcare.gov prior to issue
- 6) Provide ongoing assistance as your designated representative for any issues related to your policy under the control of healthcare.gov
- 7) Make any changes to your policy electronically through our proprietary electronic access to healthcare.gov
- 8) Consult on tax penalty related to subsidy/coverage issues
- 9) Assist with notices from healthcare.gov for further income or records for identity proof, including uploading to healthcare.gov through our proprietary electronic access.

___ I agree to this Policy Services Contract.

___ Credit Card type: _____ Card Number _____ Exp. Date _____

Print Name _____ CVV _____

Sign Name _____ Date _____