



Health Enrollment Management Agency

4151 Executive Pkwy, Suite 210
Westerville, Ohio 43081
614.890.7373 - Fax 614.635.2621

Agent Fee Disclosure Acknowledgement

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 2017.

\$25 Fee to Open Account (Non Refundable)

Monthly Fees:

\$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 on **the first available date as it relates to the Special Enrollment Period**.
 - 2) Provide ongoing advice and transfer of information regarding issues with the insurer.
 - 3) Collect renewal information to quote and re-enroll if necessary upon renewal of original policy.
 - 4) Calculate and effect application for an advanced premium tax credit on your behalf from healthcare.gov.
 - 5) Provide ongoing assistance as your designated representative for any issues related to your policy.
 - 6) Assist with notices from healthcare.gov.
- I understand that the Fees are separate from and in addition to the premium in the amount indicated above, which is charged to me by the insurance company.
 - I understand that the Fee is not calculated as a percentage of the premium.
 - I understand that I will be obligated to pay the Fee regardless of whether I purchase insurance or my insurance is cancelled, lapses, declined, or not renewed.
 - I understand that neither state law nor the insurance company require the Agent to charge the Fee.
 - I have read and understand these disclosures. I hereby consent to be charged the Fee.

Print name: _____ Signature: _____

Date: _____ Credit Card type: _____ Exp. Date _____ CVV _____

Card Number _____