



**AMP Insurance Agency & Consultancy, LLC**

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Houston, TX 77024-1807

713-983-8338 Main  
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Subject: **Participant Consent for AMP to Serve as Agent**

The attached form is intended to meet the requirement of agents (AMP Insurance Agency & Consultancy, LLC) to document the “receipt of consent” of the consumer or their authorized representative.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law.

CMS: HHS Notice:

<https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2024-final-rule>

This consent form will not supersede any State Agent of Record, Broker of Record, or other form required by a QHP (Qualified Health Plan) issuer for purposes of making commission payments to the proper agent or broker for assisting a particular consumer.

**Purpose Statement:**

**Registered agents and brokers assisting consumers apply for and enroll in Marketplace coverage must document consumer consent prior to accessing or updating their Marketplace information.**

There are different formats that may be acceptable for agents and brokers to use to document consumer consent, such as via a recorded phone call, text message, e-mail, electronic document with digital signatures, physical document with wet signatures, etc.

This consent form will serve to document consent via a physical document with an electronic or wet signature.

Thank you for your understanding and trust in AMP Insurance Agency & Consultancy, LLC.

Best regards.

Anna Marie Guzman Protz

Attachment

## CMS Consent Form for Marketplace Agents and Brokers

I, \_\_\_\_\_ [insert name of primary household contact], give my permission to **Anna Marie Guzman Protz** and/or **AMP Insurance Agency & Consultancy, LLC** 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 E-Mail to [annamarie@ampinsuranceagency.com](mailto:annamarie@ampinsuranceagency.com).

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Name of Agency: AMP Insurance Agency & Consultancy, LLC  
Agency National Producer Number: 9708268  
Owner of Agency: Anna Marie Guzman Protz  
Phone Number: 713-983-8338  
E-Mail Address: [annamarie@ampinsuranceagency.com](mailto:annamarie@ampinsuranceagency.com)

Name of Primary Household  
Contact and/or Authorized  
Representative: Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_