KBenefits, LLC
Insurance Specialists

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Consumer Consent Form
Notification of Broker Function & Privacy Acknowledgement

This form acknowledges and authorizes Chris Kudryk of KBenefits as my free GetCoveredNJ broker.

Acknowledgement of Broker Function: I give my permission to Christopher S. Kudryk of KBenefits, LLC_to serve as my GetCoveredNJ health insurance broker for myself and my entire household, for purposes of assisting with my enrollment into a Qualified Health Plan offered on GetCoveredNJ, a federally-facilitated marketplace. I authorize Christopher S Kudryk 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. Illustrate multiple health plan options from GetCoveredNJ healthcare marketplace
2. Answer questions to help make an informed decision on my health coverage options
3. Assist with health plan selection, premium payment, and enrollment
4. Help review and complete a GCNJ application for eligibility & enrollment
5. If applicable, advise and navigate other government insurance affordability programs, such as Medicaid and CHIP
6. Searching for an existing GCNJ Marketplace application
7. Respond to inquiries from the Marketplace regarding my Marketplace application, eligibility, and coverage
8. Collaborating with GetCoveredNJ Help Desk and Member Services
9. Providing ongoing account/policy support and maintenance, such as eligibility and billing questions
10. Assist in providing advice, information and plan options during yearly Open Enrollment Period.

Privacy Notice: I understand that Christopher S Kudryk 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 logging into GetCoveredNJ at nj.gov/getcoverednj or by calling Member Services at GetCoveredNJ 1-833-677-1010.

----------**Keep For Your Records**----------